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UNIVERSITY OF ALBERTA

EMPOWERMENT IN FAMILY THERAPY WITH MULTIPROBLEM FAMILIES

BY

JACQUELINE HEEMSBERGEN

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of DOCTOR OF PHILOSOPHY.

IN SCHOOL PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

Edmonton, Alberta
SPRING 1992

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FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled EMPOWERMENT IN FAMILY THERAPY WITH MULTIPROBLEM FAMILIES submitted by JACQUELINE HEEMSBERGEN in partial fulfillment of the requirements for the degree of DOCTOR OF PHILOSOPHY.

Dr. Don Sawatzky

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Dr. Alan Parry

APRIL 8, 1992

DEDICATION

To my family of origin: my parents Dr. Arthur and Margaret Stinton, who defined in a living way what a family is; who instilled such a strong sense of family heritage and belonging in their children; and who valued individual uniqueness within strong family connections. And to my siblings, Don, Sheila, Rick, Dave, and Diane, whose diversity provided a rich family experience, and whose friendship and support continue to be a gift to me.

To my extended family: my in-laws, Margie, John and Mary, Martha, and Carol; Tina, Adriaan and Anne; and all their offspring, for extending and enriching family relationships.

To my family of creation, my husband Bastiaan, and our son Luke, who while surrounding me with the love and strength of family, gave me the freedom to continue on my individual path.

Abstract

Empowerment as a concept is gaining increasing attention and prominence in both psychology and the mental health field. However, while the idea of empowerment is intuitively appealing for both theory and practice, its applicability within the mental health field has been limited by a continuing conceptual ambiguity and lack of clearly operationalized definition.

In addition, while research abounds on effective psychotherapeutic techniques as viewed from the perspective of the researcher or therapist, little information exists regarding the family's personal experience in therapy, and the family's perspective of meaningful interventions. And, in spite of the burgeoning interest in the concept of empowerment in the mental health field, there is a striking absence of research findings related to issues of individual or family empowerment through the process of therapy.

Thus, the intent of the present study was to use grounded theory methodology to begin an investigation into the multiproblem family's perspective of empowering incidents, interventions and processes in family therapy. A family-based description of the experience of empowerment in family therapy would serve at least two purposes: it would enhance our understanding of the nature and process of empowerment, and it would add to our current understanding of the family therapy process, particularly with multiproblem families referred through Child Welfare agencies.

From the evidence obtained from the families, a paradigm of empowerment in family therapy emerged. Elements of the paradigm included the outcome as well as two distinct but interrelated processes of empowerment. The first of these processes was the movement from a position of disempowerment to a position of empowerment, conceptualized as the evolution of empowerment. The second was the basic psychological process accounting for this movement, conceptualized as the essence of empowerment, which emerged as the process of Discovering Self. The outcome or effects of Discovering Self, became evident as the expression of self. Finally, the existing potential for everyone to become empowered through Discovering Self was verified by the participants.

The significance of the results was related to several main issues including application to multiproblem families, application to the therapeutic relationship, application to the therapeutic process, and implications for research. Limitations and delimitations of the study were also presented.

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And especially to the participating families, for the priviledge of being able to share in their experiences of empowerment in family therapy. The families' profound insights were a source of valuable learning for me, and will provide an enriching and lasting contribution to those of us entrusted to working with families.

TABLE OF CONTENTS

CHAPTER PAGE

I. INTRODUCTION

Statement of the Problem 1
Purpose and Rationale 2
The Research Question 3

II. LITERATURE REVIEW

Family 4
  Definition of Families 4
  Statistics About Families 4
  Variations in Family Types 5
Families Referred Through Child Welfare Services 7
  Definition of Families 7
  Description of Multiproblem Families 7
Model of Family Functioning 7
Family Systems Framework 11
Family Therapy 12
Empowerment
  Current Literature 14
  Definition 15
  Theory 16
  The Disempowered 17
  Disempowered Families 17
  Empowering Families 19

III. METHOD

Related Research and Rationale 20
  Qualitative Research 20
  Family Therapy Research 21
  Qualitative Family Therapy Research 21
  Multiproblem Family Research 22
  Empowerment Research 22
  Grounded Theory Research 23
    Rationale 23
    Introduction 23
    Theoretical Framework 24
    Methodology 25
    Achieving Trustworthiness 28
    Threats to Credibility 29
Implementation of Study: Method and Procedures 32
  Ethical Considerations 32
  Selection Technique 33
  Participants 33
  Procedure 33

Data Collection 34
    Demographic Data 34
    Interview 34
    Transcriptions of Interviews 36
    Field Notes 37
    Memos 37
Data Analysis 37
    Demographic Data 37
    Family Interviews 38
Reliability and Validity 40

IV. RESULTS: ELEMENTS OF FAMILY THERAPY

Entry 42
    Referral Source 42
    Reaction by Family 45
Expectations 46
    Distinction Between Family Therapy and Individual Therapy 46
    Expectations of Family Therapy 47
Experiences 48
    Definition of Family Therapy 48
    Experiences of Family Therapy 48
    Evaluation of Therapist 53
Effects 59
Exit 61
External 63

V. RESULTS: ELEMENTS OF EMPOWERMENT

Evolution 66
    Empowerment as a Continuum 66
    The Continuum 67
    Sources of Disempowerment 68
    Sources of Empowerment 72
Essence 77
    Disempowerment: Self as Covered 77
    Disempowerment to Empowerment: Uncovering Self 78
    Empowerment: Discovering Self 78
Effects: Expression of Self 78
    Internal Expression of Self 79
    External Expression of Self 85
Existing Potential 88
Examples 89
    The Evolution of Empowerment 89
    The Essence of Empowerment 90

VI. DISCUSSION

Application to Multiproblem Families 92
Application to the Therapeutic Relationship 94
Application to the Therapeutic Process 95

Implications for Research 98
Delimitations of the Study 100

VII. CONCLUSION 101

VIII. REFERENCES 103

VIII. APPENDICES

Consent for Releasing Confidential Information I 112
Information for Families 113
Informed Consent Form 114
Consent for Releasing Confidential Information II 115

LIST OF TABLES

TABLE		PAGE
1	Common Variations in Family Organization and Structure	6
2	Comparison of Family Life Cycle Stages	10

I. INTRODUCTION

> Getting out of poverty, out of dependence, having some control over your own life, some measure of autonomy, independence, and mastery of your life, is good for people. (Srole & Fischer quoted in Freidan, 1981, p. 78).

> Throughout life, the feeling of controlling one's destiny to some reasonable extent is the essential, psychological component of all aspects of life.
> (M. Basch, 1975, quoted in E. Pinderhughes, 1983, p. 331).

Statement of the Problem

Empowerment as a concept came of age in the 1980s and continues to gain increasing prominence and attention in both theory and practice. An idea rooted in the "social action" ideology of the 1960s, and the "self-help" perspectives of the 1970s (Kieffer, 1984), empowerment theory and practice emerged from community organization methods, adult education techniques, feminist theory, and political psychology. Recently, the concept of empowerment has appeared with increasing frequency in psychological and mental health literature (Swift & Levin, 1987; Lord & Farlow, 1990).

However, while the idea of empowerment is intuitively appealing both for theory and practice, its applicability has been limited by continuing conceptual ambiguity (Kieffer, 1984). The term empowerment is often vague and can mean different things, and the ideas that define and enhance it are still relatively undeveloped (Gutierrez, 1990; Gruber & Trickett, 1987). Within the mental health field, Zimmerman (1990) stated that empowerment has no clearly operationalized or consensual definition.

Therefore, the increasing importance of the concept of empowerment and the lack of clarity in definition and meaning in the mental health field provided the rationale for the present study. The concept of empowerment within a family systems-based therapeutic context was explored, in order to develop a clearer and more comprehensive understanding of empowerment, particularly as applied to families in family therapy.

Purpose and Rationale

Much of the current literature about effective interventions, techniques, and strategies in family therapy is written from the perspective of researchers and theoreticians, or is based on the therapist's experience (Gurman, Kniskern, & Pinsof, 1986; Andreozzi, 1985). And yet, among those of us who work therapeutically with families, who has not had the disturbing thought that perhaps we don't really know what goes on in therapy, how or why it works, or what the final outcome was or will be? Who has not had the experience of leaving a session convinced that the interview was a complete disaster only to discover the following session that the family has unexpectedly made great progress? Conversely, how often do we congratulate ourselves after a 'great' interview or 'appropriate' intervention only to end up deflated and puzzled when the family terminates treatment?

What is missing in current research is the perspective from those 'in family therapy' (i.e. those on the receiving end of psychotherapeutic techniques and strategies), about what is effective or meaningful intervention for them. However, throughout the extensive psychotherapy and family therapy literature, only one article was found relating to the personal experience of family members in therapy (Kuehl, Newfield, & Joanning, 1990). In addition, despite the burgeoning emphasis on the notion of empowerment in the mental health field (Swift & Levin, 1987), there was a striking absence of research findings related to issues of individual or family empowerment through the process of therapy. Lastly, with regard to the specific intent of this study, little information was found regarding family therapy with multiproblem families referred through Child Welfare agencies, and no information was found regarding the experience of empowerment through family therapy with these families. Beavers and Hampson (1990) stated that for the most part, these families have received insufficient attention with regard to appropriate psychotherapeutic approaches and interventions.

These as yet unexplored issues led to the formulation of the current study. The goal of the study was to begin an investigation into the family's perspective of empowering incidents and interventions in family therapy, and to identify and analyze common themes that described these empowering experiences. A family-based description of the experience of empowerment in family therapy would serve at least two purposes: it would enhance our understanding of the nature and process of empowerment, and it would add to our current understanding of the family therapy process, particularly with multiproblem families. Finally, results 'grounded' in the participants' data would allow development of an empowerment paradigm of family therapy.

Thus, the nature, process and meaning of empowerment in family therapy will be explored through the participants' experiences, insights, and beliefs about its definition, development over time, and conditions under which it is created. The study is unique in that the issue of empowerment from the family's perspective has not been addressed in current literature in the family therapy field, nor has it been addressed with the proposed population of families referred through Child Welfare.

The Research Question

The research question was based on the following assumptions:

1. Families referred through Child Welfare Services are disempowered due to multiple family problems.
2. These problems usually require and result in intervention from community mental health agencies.
3. Intervention often takes the form of compulsory or court-ordered referral (itself disempowering) for family therapy.
4. Family therapy should attempt to empower all family members.

The Question

The central question that guided the investigation was:

"What was the family's experience of empowerment in family therapy?"

Additional questions subsumed within the central question included:

1. what was the experience of family therapy?
2. was family therapy an empowering experience?
3. what was empowering about the experience?

These questions would address the causes (the source), the conditions (the range and variation), the context (the social world), the contingencies and covariance (the nature and extent of the relationship), and the consequences (the outcomes) of empowerment for families within a therapeutic context. Glaser (1978) stated that research questions addressed in this way insured that essential data for a grounded theory will be collected.

II. LITERATURE REVIEW

In order to clarify the context and provide a definitive focus for the present investigation, definitions and dimensions of relevant terms and concepts will be provided. These will include the global notion of "family", and the categories subsumed within it, including "families referred through Child Welfare Services", and "multiproblem families." Therapy will be defined under "family systems framework", and "family therapy". "Empowerment" will be defined by its current usage in the literature and as it relates to multiproblem families.

Family

Definition of Family

Goldenberg and Goldenberg (1986) defined a family as being far more than a group of individuals who occupied a specific physical, emotional and psychological space together. Rather, a family was defined as "a natural social system with properties all its own, one that has evolved a set of rules, roles, a power structure, forms of communication, and ways of negotiation and problem solving that allow various tasks to be performed effectively" (p. 143).

A definition of an "optimal" family was provided by Beavers and Hampson (1990):

> In these families, intimacy is sought and usually found, a high level of respect for individuality and the individual perspective is the norm, and capable negotiation and communicational clarity are the results. There is a strong sense of individuation with clear boundaries; hence, conflict and ambivalence (at the individual level) are handled directly, overtly, and (usually) negotiated efficiently. The hierarchical structure of the family is well-defined and acknowledged by family members. Yet there is also flexibility - a high level of adaptation to individual development, stress, and individuation (p. 48).

Statistics about Families

A more complete definition and description of the family necessarily includes the following statistics:

-the current divorce rate is almost 50%

-75-80% of divorced people remarry

-the rate of divorce in remarried families is projected to reach 60%

-single parent families headed by women increased 51% between 1970 and 1980; those headed by men, although not nearly so numerous, are increasing yearly

-single parent families comprise 17% of the total, with 14% headed by women, and 3% headed by men

-the percentage of never-married single parents is 14%

-the number of unmarried couple households increased by 37%, while marriages increased by 3%

-same-sex couple households currently account for approximately 6% of unmarried men and 5% of unmarried women

-approximately 54% of wives with children and approximately 68% of single mothers are in the labor force, making a total of approximately 70% of mothers with children under the age of 16 in the labour force

-fewer than 10% of families reflect the "normal " pattern of family with a working father, a stay-at-home mother, and their two children

(Statistics Canada, 1984; Carter, 1986)

Variations in Family Types

Thus, there is no "typical" Canadian family today. Family formation is certainly more complex than it used to be, and it is now more accurate to speak of types of families, with diverse compositions, diverse styles of living, and diverse living arrangements. A variety of family forms can be supportive of growth and development for both adults and children (Becvar & Becvar, 1988).

Common variations in family organization and structure are depicted in Table I.

Table 1: Common Variations in Family Organization and Structure

Family Type	Composition of Family Unit
nuclear family	husband, wife, children
extended family	nuclear family plus grandparents, uncles, aunts and so on
blended family	husband, wife, plus children from previous marriage(s)
common-law-family	man, woman, and possibly children living together as a family, although the former two have not gone through a formal legal marriage ceremony
single-parent family	household led by one parent (man or woman), possibly due to divorce, death, desertion, or to never having married
commune family	men, women, and children living together, sharing rights and responsibilities, and collectively owning and/or using property, sometimes abandoning traditional monogamous marriages
serial family	man or woman has a succession of marriages, thus acquiring several spouses and different families over a lifetime but one nuclear family at a time
composite family	a form of polygamous marriage in which two or more nuclear families share a common husband (polygyny) or wife (polyandry), the former being more prevalent
cohabitation	a more or less permanent relationship between two unmarried persons of the opposite sex who share a non-legally binding living arrangement

Note. From Family Therapy: An Overview (p.10) by I. Goldenberg and H. Goldenberg, 1986, CA: Brooks/Cole Publishing.

Families Referred Through Child Welfare Services

Definition of Families Referred Through Child Welfare Services

For the purposes of this study, families referred through Child Welfare Services will be defined as those families with multiple family problems resulting in voluntary or community (schools, doctors, police, neighbours, family member) referral to Child Welfare Services for support and/or intervention. Intervention is often mandated or court-ordered referral for family therapy. Families are often reluctant to come into treatment (family therapy) under these conditions.

Description of Multiproblem Families

> All happy families resemble one another. Each unhappy family is unique in its grief. (L. Tolstoy, Anna Karenina, 1960, p. 1).

Kagan and Schlosberg (1989) described multiproblem families as having severe problems including recurrent and multigenerational incidents of crime and delinquency, family violence, alcoholism, incest, neglect, addictions, unemployment, multiple partners, divorce and repeated separations, and one-parent families. These families were described as being in "perpetual crisis", and typically tending to repeat transgenerational cycles of loss, abandonment, crisis and trauma. For many of the families referred to Child Welfare agencies, "a predictable, dependable, nurturing and safe environment (necessary for reaching full potential) is an unknown experience and seemingly impossible goal" (Kagan & Schlosberg, 1989, p. 15).

Model of Family Functioning

A model of family functioning congruent with multiproblem families was proposed by Beavers and Hampson (1990). This model was based on years of clinical, observational and empirical work, and incorporated systems theory, clinical family observations and various theories of family dysfunction. A major construct within the model was that of a style dimension descriptive of "systemic/relational" concepts within the family. The terms chosen to describe these concepts were *centripetal* (focus inward on the family with distrust of the outside world) and *centrifugal* (focus away from the family and reliance on relationships in the outside world). The centrifugal style dimension was found relevant for conceptualizing families participating in the present study. However, the model included an important principle regarding families and their functioning: "family competence, ranging from healthy family functioning to severely dysfunctional, is viewed along a progressive continuum ... functional and behavioral qualities of the unique (family) system must be addressed" (p. xii). Consistent with this principle is the systemic perspective underlying family therapy, that discussion of health and dysfunction of families concerns patterns that characterize families' functioning rather than definitions of 'goodness and badness' (Becvar & Becvar, 1988).

Bearing these principles of family health and dysfunction in mind, multiproblem families referred through Child Welfare are found to typically fit into the centrifugal classification of families. Beavers and Hampson (1990) described moderately centrifugal families as:

> ... (having) an externalizing and acting-out pattern. The tendency to express more defiance and anger, with overt and shifting blaming patterns, abrupt exits, and rule-breaking ... The parental dyad shows signs of overt conflict ... Anger and futility are experienced and expressed directly, with diminished tendency to suppress or "talk things out"... behavioral responses such as failing, acting-out, distancing, and drug-taking ... authority and attempts at control are absolute but generally ineffective ... Members of such families derive proportionately more satisfaction from people and activities outside the nucleus of the family ... (p. 44-45).

Severely centrifugal families were described as:

> ... (having) no illusions regarding family closeness, unity, or solidarity ... family members come and go freely, distance and stay away in periods of distress, and exchange with the outside world sexual, emotional and behavioral allegiances. Children ... are released to the outside world too early, with minimal supervision and accelerated status with respect to social, sexual, substance-related, and reckless behavior ... lack an effective parental coalition ... blaming each other for family problems ... the children receive minimal nurturance; discipline is sporadic criticism, attack, and ridicule ... since the principal medium of exchange is action rather than words, there is frequent abuse, neglect and assault ... sexually active at 13, parents at 16, grandparents at 35 (p. 45-46, 53).

Comparison of family life cycle stages between "professional" and "low-income families" revealed major differences in their family structure (see Table 2). These differences can be adapted to multiproblem families referred through Child Welfare agencies, as these are often lower income families. Fulmer (1988) suggested that these two types of families pass the life cycle milestones at ages that are widely different from each other. The differences mean according to Fulmer, that symptomatic behaviors will be enacted by different family members at different times for these groups; and that any theory of dysfunction in economically disadvantaged families must consider the impact of low income as a cause of family disorder or disturbance.

Table 2: Comparison of Family Life Cycle Stages

Age	Professional Families	Low-Income Families
12-17	-prevent pregnancy -graduate from high school -parents continue support while permitting child to achieve greater independence	-first pregnancy -attempt to graduate from high school -parents attempt strict control before pregnancy, relaxation of controls and continued support of new mother and infant
18-21	-prevent pregnancy -leave parental household -adapt to parent-child separation	-second pregnancy -no further education -young mother acquires adult status in parental household
22-25	-prevent pregnancy -develop professional identity in graduate school -maintain separation from parental household. Begin living in serious relationship	-third pregnancy -marriage: leave parental household to establish family -maintain connection with kinship network
26-30	-prevent pregnancy -marriage: develop nuclear couple as separate from parents -intense work involvement as career begins	-separate from husband -mother becomes head of own household within kinship network
31-35	-first pregnancy -renew contract with parents as grandparents -differentiate career and child-rearing roles between wife and husband	-first grandchild -mother becomes grandmother and cares for daughter and infant

Note. From The changing family life cycle: A framework for family therapy. (second ed.) (p. 551) by B. Carter and M. McGoldrick (Eds.). 1988. NY: Gardner Press.

Family Systems Framework

The family systems approach first came to prominence in the 1970s, a time of great upheaval in the traditional or nuclear family (Goldenberg & Goldenberg, 1986). The family approach to therapy was considered revolutionary for its view of the family as a "system", in which members were thought to interact with each other in predictable ways. The "system" itself was considered to be the 'patient' and the new therapeutic focus was the interactions between the members rather than the intrapyschic functioning of an individual member.

From a global family systems perspective, the family is a complex, rule governed, and homeostatic system which resists change by prescribing, through the family's values, beliefs and communication patterns, role expectations of individual family members (Goldenberg & Goldenberg, 1986). As the family progresses through its developmental life cycle, it adapts its rules and clarifies its communications; if not, the system becomes dysfunctional and one of its members becomes the symptom bearer for the family. By focusing on the symptom bearer ("identified patient"), the family can avoid dealing with the pain of change.

Family dynamics from a family systems framework can be viewed through a variety of "lenses" which focus on different dimensions of the dynamics. Sluzki (1983) described three of these lenses as being those which focus primarily on family process, family structure, and family beliefs.

The systemic model focusing on family processes views the family dynamics in terms of repetitive sequences of behavior and fixed patterns of interaction. These sequences (family rules) tend to perpetuate themselves and if dysfunctional, result in symptoms, conflict and problems. New patterns of behavior can be established by disrupting the predictable patterns of interaction.

The systemic model emphasizing the family structure views the family dynamics in terms of the organization of the family: the boundaries, subsystems, hierarchies, alliances and coalitions. The family life cycle is investigated as is the balance of power and authority according to the developmental stage of the family.

The systemic model focusing on the family's system of beliefs proposes that an individual organizes his behavior on the basis of belief structures comprised of assumptions, ideologies, convictions and consensually validated beliefs which construct his reality or world view. The family shares a common mythology or perception of reality which becomes their family history. Therapeutic intervention is based on constructing alternate realities aimed at changing the family's world view.

Sluzki (1983) stated that each of the three models provided a conceptual rationale to a specific set of therapeutic interventions. He identified interventions from an interactional model as consisting of "repunctuation, symptom prescriptions, predictions of failure, prescriptions of behaviors, and tasks to defeat the pattern of symptom maintenance" (p. 474). Interventions derived from a structural view included "realignment along generational boundaries and parental authority conveyed frequently through in-session enactment" (p. 474). And "alternative organization of family histories and positive connotation of collective behaviors" were interventions consistent with an emphasis on reality construction. Sluzki emphasized that the different interventions were not mutually exclusive as they have a common systemic base, and thus systemic change could be discussed in terms of interactional, structural and world view parameters.

Family Therapy

Family therapy is the preferred mode of treatment when the referral complaint is of problems with spouse or family (Gurman et al., 1986), and most individuals seek treatment complaining of problems with family members (Beavers & Hampson, 1990).

Gurman et al. (1986) defined family therapy as:

> any psychotherapeutic endeavour that (a) explicitly focuses on altering the interactions between or among family members - whether in same-generation (husband-wife, child-child) and/or cross-generation (parent-child-grandparent) relationships, regardless of who is symptomatic or distressed; and (b) seeks to improve both the functioning of the family as a unit and the functioning of individual family members, including but possibly not limited to the functioning of a symptomatic or distressed member of the family, if such a person is clearly identified (p. 23).

Family therapy is the therapy of choice with multiproblem families because referral issues typically affect the entire family. These issues often include the threat of collapse or dissolution of the family unit due to foster home placement of the child(ren) alcoholism, chronic abuse and neglect, and violence and delinquency.

The method and rationale of family therapy was expressed by John Bell:

> family therapy is a effort to effect behavioral and attitudinal changes within a total family through a series of conferences attended by the parents, the children, and the therapist. In most instances the conferences are initiated through referral of a child who is disturbed, but from the beginning the therapeutic goals are family-centered rather than child-centered. The primary intent of the therapist is to accomplish a modification of the functioning and structure of the family as a group. It is assumed that as a consequence modifications will be effectuated secondarily in the situation of individuals within the family. The method of the therapy emerges, then, from the one basic assumption differentiating it from individual therapy: the family is the unit to be treated (cited in Satir, 1975, p. 56).

Family therapy offers a broader view of human behavior than does individual psychotherapy. Nathan Ackerman stated that family therapy is:

> the therapy of a natural living unit; the sphere of therapeutic intervention is not a single individual but the whole family. The therapeutic interview includes all those persons who share the identity of the family and whose behavior is influenced by a circular interchange of emotion within the group (cited in American Handbook of Psychiatry and quoted in Satir, 1975, p. 64).

Goldenberg and Goldenberg (1986) suggested that family therapists assume that pathology exhibited by the "identified patient" is in actuality the individual's response to the current family situation or context. Thus, observing the individual together with the family unit yields valuable diagnostic information regarding the family's interactions, alliances, and communications, that may relate to the symptomatic behavior of the identified patient. The focus of therapy then shifts from the individual to the family as the family begins to understand that the problems are an expression of the entire family system. The central focus of therapy becomes one of changing the family system - its process and interactions, its structure or organization, its beliefs or world views - so that each family member "experiences a sense of independence, uniqueness, and wholeness while remaining within the context and security of the family relationship" (Goldenberg & Goldenberg, 1986, p. 9). In addition, the most effective therapeutic interventions increase the ability of family members to choose, to resolve ambivalence, and to negotiate with others in achieving a greater degree of satisfaction in living (Beavers & Hampson, 1990), while the goal of family therapy is to enable clients to experience more freedom to make and act on choices in their lives (Tomm & Lannamann, 1988).

These statements of the goals and success in family therapy allude to and seem closely related to definitions of empowerment. Definitions and theories of empowerment will now be considered.

Empowerment

Current Literature

Much of the literature which discusses the emergence of the concept of empowerment comes from community psychology literature (Rappaport, 1981, 1984, 1985, 1987; Zimmerman & Rappaport, 1988; Zimmerman, 1990) which includes related areas of social climate (Chavis & Wandersman, 1990); citizen participation and community development (Kieffer, 1984; Florin & Wandersman, 1990; Kaye, 1990); participation in voluntary organizations (Prestby, Wandersman, Florin, Rich, & Chavis, 1990); and crime and community organization (Perkins, Florin, Rich, Wandersman, & Chavis, 1990).

Another major source of empowerment ideology comes from feminist literature with its emphasis on the empowerment of women (Mulvey, 1988; Walters, Papp, Carter & Silverstein, 1988). Other sources include empowerment for the poor and oppressed (Breton, 1989); for ethnic minorities (Biegel, 1984; Comas-Diaz, 1987; Gutierrez, 1990); in religious organizations (Maton & Rappaport, 1984); in health promotion (Lord & Farlow, 1990); in the elderly (Gallant, Cohen, & Wolff, 1986); in women's social movement organizations (Riger, 1984) and self-help groups (Hartmann, 1983); in adult survivors of incest (Kreidler & England, 1990); and in pregnant minority adolescents (Parsons, 1989).

Little research was found which dealt primarily with empowerment of families. Those articles which were available included empowerment with black alcoholic families (Ziter, 1987); families with disabled members (Hulnick & Hulnick, 1989); and families with handicapped preschool children (Trivette, Deal, & Dunst, 1986; Dunst & Trivette, 1987). The significant lack of relevant research with a focus on empowerment in families provides credence to the present study and underscores the need for further work in this area.

Definition of Empowerment

Empowerment is a difficult and complex concept to define, even though community psychology and feminism recognize its value and encourage its use as a change strategy (Mulvey, 1988).

However, empowerment is generally defined as a process by which individuals gain control and mastery over their lives (Rappaport, 1981, 1987; Rappaport, Swift & Hess, 1984; Zimmerman & Rappaport, 1988). Rappaport (1984) stated that empowerment is "easy to define in its absence: powerlessness, real or imagined; learned helplessness; alienation; and loss of a sense of control over one's life" (p. 3). He suggested that it is more difficult to define positively only because it takes on a different form in different people and contexts. Zimmerman (1985) stated that the word empowerment is used by psychologists, social workers, theologians, and sociologists as well as political scientists, and suggested that empowerment is a complex concept that has both political and psychological components.

Parsons (1989) suggested that empowerment, when measured as a psychological attitude of perceived confidence and control, is both an internal and external process. The internal component was defined as a psychological attitude, belief or feeling that one is competent to make decisions and solve one's own problems and dilemmas. Albee (1980) and Bond and Rosen (1980) concurred with the notion of competence, and expanded on it by stating that competence referred to elements of self-esteem, a sense of causal importance, efficacy in new or traditional social roles, effective management of stressful events, and capacity for resource mobilization.

The external component was defined by Parsons (1989) as the tangible knowledge, information, competences, skills and especially the resources which enable one to take action. Rappaport (1985) defined this as the ability to learn and utilize skills for influencing life events.

Zimmerman (1985) suggested that empowerment expressed itself "at the level of feelings, at the level of ideas about self-worth, at the level of something more akin to the spiritual." He stated that empowerment "is a process ability that we all have, but which needs to be released ... we all have it as a potential" (p. 16).

In summarizing the differing notions related to empowerment, Kieffer (1984) stated that although it was used synonymously with concepts as varied as "coping skills", "mutual support", "community organization", "personal efficacy," "competence," "self-sufficiency", and "self-esteem", the term had not been defined "with sufficient clarity to establish its utility either for theory or practice" (p. 24). Kieffer emphasized the need for greater precision in establishing a more functional definition of the term.

What is important to the present study is Zimmerman's (1985) notion that the definition of empowerment for a poor, uneducated person can look very different than for a middle-class college student, a white urban housewife, or an elderly person resisting placement in a nursing home. The critical task will be to illuminate the definition and experience of empowerment for multiproblem families within a family therapy context.

Theory of Empowerment

Empowerment theory remains an enigma (Zimmerman, 1990). However, empowerment has been conceptualized as both a multilevel construct that is organizational, political, sociological, economic, and spiritual, and a psychological construct that is the expression of empowerment at the level of the individual person (Rappaport, 1987; Zimmerman & Rappaport, 1988). A concern with racial and economic justice, with legal rights and human needs, with health care and educational justice, with competence and with a sense of community, are all reflected by the multilevel construct of empowerment (Rappaport, 1987). However, few investigators have as yet derived an empirical theory of psychological empowerment (Zimmerman & Rappaport, 1988).

Zimmerman (1985) suggested that there are at least two requirements of an empowerment ideology. The first is to consider many diverse local settings where people are already managing their own problems in living in order to learn more about how they do it. The second is to find ways to take what has been learned and make it more rather than less likely that solutions be found that will enable others to gain control over their lives. Empowering experiences - ones that provide opportunities to learn skills and develop a sense of control - can help individuals limit the destabilizing effects of problems in living (Zimmerman, 1990).

A paradox exists in any theory of empowerment. People mistakenly talk about "empowering families" or "empowering professionals" as if empowerment is something one person does to another (Lord & Farlow, 1990). Gruber and Trickett (1987) stated that the paradox lies in the idea of certain people empowering others, because the very institutional structure that puts one group or person in a position to empower others also works to undermine the act of empowerment. Thus, Swift and Levin (1987) suggested that "true empowerment is not a condition which can be bestowed by one group on another but is rather, an ongoing process by which the disempowered seek to fulfill their own needs and preserve their own rights" (p. 84). Zimmerman (1985) asserted that "empowerment is not something that can be given; it must be taken." He believed that the conditions and language that make empowerment possible must be provided for those who are in need of it.

The Disempowered

According to Swift and Levin (1987), the self-perceptions of the disempowered are shaped by myths and stereotypes. It was suggested that differential valuation was commonly ascribed on the basis of race, ethnicity, gender, religion, age, physical or emotional impairment, and sexual preference. Feminist literature speaks clearly of socialization patterns that contribute to disempowerment (Walters et al., 1988). Solomon (1976) spoke of empowerment as being a process aimed to reduce the effects created by the "negative valuations based on membership in a stigmatized group" (p. 19).

Parsons (1989) defined at least three groups as being disempowered and consequently stigmatized: women, ethnic minorities, and the poor. Parsons assumed that the members of these groups often lacked knowledge, skill and confidence to access and manage resources on their own behalf. Thus it was assumed that these groups were disempowered in attitudes, capacity and resources. Mulvey (1988) emphasized that an empowerment approach was particularly important for women and other groups that have learned to see themselves as helpless or as having few options. It was suggested that while difficult, it was extremely important to recognize both personal resources and obstacles that had precluded or limited their use, as well as the possibility of change occurring.

Disempowered Families

Kagan and Schlosberg (1989) described multiproblem families in perpetual crisis as having had a long history of involvement with child welfare agencies, counselling services and the courts. Families had been referred to professionals for severe problems such as abusive behaviors, neglect, family violence and delinquency. However, the families were often fearful and angry, and did not typically seek help voluntarily from the agencies. Instead, they felt disempowered and victimized by interventions from family courts, counsellors and social services staff (Kaplan, 1986). Professionals were often seen by families as having power and control and being insensitive to the family's needs and integrity (Kagan & Schlosberg, 1989).

On the other hand, many families pressured with chronic problems, and with inadequate personal and economic resources, gave up on themselves and turned automatically to experts to take over their problems. Professionals who work in community agencies are familiar with these families, who are described by Nichols (1987) as products of a culture of "social interventionism." Those families who do seek help are often encouraged to accept self-blame for their failures and to attribute their successes to expert advice, or to assume that change is due to the real or imagined power of the professional (Zimmerman, 1985; Treadway, 1986). Rappaport (1977) spoke of the potential harm to disadvantaged groups resulting from the disempowering relationship between the therapist and the client.

Trivette et al. (1982) stated that the tendency for professionals to do everything for families caused the families to become passive recipients of assistance. This intervention was described as displacing the family's natural support network and often resulted in creation of dependency, promotion of helplessness, and eroding of the family's sense of their own resources. Imber-Black (1986) stated that the norm in the human service system was to identify more and more problems, and to provide more and more directive assistance or intervention. This often took the form of fragmenting the family through interaction with various professional "specialists" who all attempted to "fix" the family in their own way:

> A mother may be sent for training in "parenting skills" by a professional who ignores the impact of this intervention on the parental dyad, and pays no attention to the cultural norms of parenting in this particular family. A single parent may be told her children need "Big Brothers" and "Big Sisters", disqualifying both her own position as a nurturing adult and her more natural support network as potential sources of adult interaction for her children (Imber-Black, 1986, p. 171).

Solomon (1985) emphasized that different families required different solutions, but that bureaucracies often developed stereotyped ways of addressing the families' problems, disregarding strengths inherent to each family.

Thus, stigmatized by their difficulties, often coerced or required to seek help, perhaps alienated from usual sources of support, and mistrusting societal institutions and helping professionals, many families are disempowered by the very experiences that seek to assist them.

Empowering Families

How then are families empowered? Trivette et al. (1986) suggested that empowering families meant creating opportunities for family members to become more competent, independent and self-sustaining in their abilities to mobilize their resources to promote child, parent, and family function. Empowering families also meant intervening in ways that resulted in family members acquiring a sense of competence and control over their own lives and that of their family.

How are multiproblem families empowered? There is little in the current research to explain the process whereby people move from being dependent and powerless to feeling a sense of control and competence (Lord & Farlow, 1990). There is even less research that defines empowerment for families, or explains the movement from disempowerment to empowerment. Thus, the purpose of the present study was to begin to understand this process, by obtaining first-hand evidence from multiproblem families' perspectives of the nature, dimensions and conditions of empowerment within a family therapy context.

III. METHOD

This first section of this chapter will include a brief overview of related research as a backdrop to the present study and as a rationale for the methodology used. Thus, a brief introduction will be given to methodologies of qualitative research, family therapy research, multiproblem family research, empowerment research, and the logical choice of the grounded theory method as the most appropriate research methodology for the combined issues of empowerment, multiproblem families and family therapy. The second section will include a description of the proposed study.

Related Research and Rationale

Qualitative Research

Moon, Sprenkle and Dillon (1990) stated that qualitative research can help reunite clinicians and researchers because qualitative methodology can explore in a meaningful way the kinds of questions being asked by clinicians. These types of questions such as the interpretive structure clients use to make sense of certain life events are not as easily addressed by quantitative methods (Polkinghorne, 1991). Polkinghorne added that qualitative methods are particularly useful in the generation of categories for understanding human phenomena and the investigation of the interpretation and meaning that people give to events they experience. And Glaser (1967), and Glaser and Strauss (1978) suggested that qualitative research methods are designed to focus on patterns of change. Finally, Joanning, Newfield and Quinn (1987) stated that :

> in the field of counselling psychology, a counsellor attempts to understand another's experience through various forms of careful listening and communication. This source of knowing another's experience serves as a major source of understanding. Some forms of qualitative research place an emphasis upon this type of knowledge. Understanding the meanings given by individuals to particular situations allows a researcher to appreciate the impact an event has had upon the subject, the way the individual interprets the events, and therefore, the predictability of certain behaviors in subsequent similar situations. These data are precisely the type of interest to most counselling practitioners (p. 21).

As the intent of the present study is to understand the nature and meaning of human experience from a counselling perspective, the use of a qualitative method is called for.

Family Therapy Research

Family therapy research is about the "experiential reality" of family therapy (Keeney & Morris, 1985). Pinsof (1989) suggested that the essential task of family therapy research was to discover how the interaction between the therapist and family systems facilitated change. He further proposed that unless the pattern of interaction could be linked to improvement or deterioration (change) in the family, the research was interesting but not particularly meaningful.

Recent critiques of family therapy efficacy research have asserted that the field of family therapy has paid insufficient attention to the development of descriptive taxonomies (Bednar, Burlingame & Masters, 1988), and have called for changes in methodology which emphasize the process of "self-reflexive interpretation" inherent in both therapy and research (Keeney & Morris, 1985; Steier, 1985). Keeney and Morris (1985) stated that the call for changes in family therapy research pointed to the need for methods which would allow qualitative study of the systemic processes connecting researchers, therapists, and families.

Another promising area for qualitative research in the field of family therapy was in answering the emerging call for more discovery-oriented research (Gurman & Kniskern, 1986; Keeney & Morris, 1985; Mahrer, 1988). Stanton (1988) concluded that the balance of research in the field of family therapy "must shift from its primary emphasis upon confirmatory research to at least an equal emphasis upon exploratory research. Otherwise, we sacrifice the future for the present" (p. 29).

Pinsof (1989) described research on the process of family therapy as a young scientific endeavor, while Joanning, Newfield, and Quinn (1987) stated that conducting research in family therapy poses challenging problems for contemporary investigators. Therefore the challenge of the present study with its emphasis on exploration and discovery, was to contribute in a meaningful way to an understanding of the nature of change related to interactions within the therapist and family systems.

Qualitative Family Therapy Research

LaRossa and Wolff (1985) defined "qualitative family research" as research that relied on verbal rather than numerical data and focused on the phenomenological or experiential aspects of family life.

Wiseman (1981) suggested that scholars were now calling for more qualitative family research and contended that "the burgeoning interest in microfamily studies, with the emphasis on the interaction of family members, will move family researchers toward qualitative naturalistic approaches" (p. 264). As previously noted, these methodologies provide an avenue for studying family events as they actually occur, or as they are viewed from the perspectives of family members rather than from the more typical researchperspectives of the therapist and/or researcher (Kuehl, Newfield, & Joanning, 1990). Steier (1985) noted that qualitative research methods may be more effective than quantitative ones in grappling with the full complexity of systems theory, in that "like systems theory, qualitative research emphasizes social context, multiple perspectives, complexity, and individual differences" (p. 28). This lends further credence to the proposed focus on the family system with its multiple perspectives, complexity, and family context. As well, the systemic view recognizes the existence of variations in family organizations over time and between different families. Consequently, such variation is studied rather than "controlled for" (Joanning, Newfield, & Quinn, 1987).

Multiproblem Family Research

Since relatively little is known about the experience of multiproblem families in family therapy, particularly with reference to the experience of empowerment, an inductive/ exploratory design is appropriate for this beginning investigation. Rappaport (1981) suggested that in order to understand empowerment, "experts" should be required to turn to "non-experts" to discover the many different, even contradictory, solutions that they use to gain control, find meaning, and empower their own lives. Interviews with the participants and the use of their narratives in the present study, was intended to meet this requirement.

Empowerment Research

Much of the research into the concept of empowerment utilizes the "voices of the research participants" (Zimmerman, 1990) and the participants' own experiences (Kieffer, 1984; Kaye, 1990). Zimmerman (1990) stated that:

> incorporating comments by research participants in the reporting of our results adds to our understanding of empowerment and strengthens our conclusions. It also exemplifies our value to be inclusive rather exclusive, engaging rather than controlling, and empowering rather than patronizing (p. 176).

Zimmerman (1990) further stated that the research methods used for studying empowerment would inevitably be a limiting or facilitating factor in our understanding of the construct. He stated that using primarily quantitative methods would result in a limited understanding, and suggested that qualitative approaches such as in-depth case histories, investigative reporting, and participant reflection were useful starting points for expanding our repertoire of research methods in the study of empowerment.

The goal of the present study was to to define and investigate the experience of empowerment for multiproblem families in family therapy. The participants' perspectives gained through reflections of their personal experiences of empowerment, would form the framework for the understanding of the construct.

Grounded Theory Research

Rationale

Rennie, Phillips and Quartaro (1988) proposed that grounded theory methodology was an approach to research that addressed the crisis in research methodology resulting from an overemphasis on theory verification, as opposed to creative thinking and discovery which led to theory generation. They stated that the grounded theory method allowed access into aspects of human experience which were difficult to address with more traditional methods in psychology research. In their search for a way to understand the psychotherapy process from the client's view, Rennie et al. argues that the grounded theory approach: "is required to understand the client's perspective in a way which is relatively uncontaminated by theory derived from the expert's perspective" (1988, p. 140).

Introduction to Grounded Theory

The grounded theory approach is both an inductive and deductive systematic strategy for generating explanatory theories of human behavior (Glaser & Strauss, 1967; Glaser, 1978; Stern, 1980; Turner, 1981; Field & Morse, 1985; Lincoln & Guba, 1985; Rennie, Phillips & Quartaro, 1988). It is a research approach that emphasizes the theory-generative phase as opposed to the theory-verificational phase (Glaser & Strauss, 1967; Glaser, 1978; Rennie & Brewer, 1987; Rennie, Phillips & Quartaro, 1988). The unique contribution of the grounded theory method is that it facilitates the development of theory which is solidly based on the researcher's data. This method allows the researcher to gather data about a phenomenon of interest, build a model, and develop a theory (Glaser & Strauss, 1967; Glaser, 1978; Turner, 1981; Quartaro, 1986). Hutchinson (1986) stated that grounded theory serves to "initiate new theory; and to reformulate, refocus and clarify existing theory" (p. 112). Stern (1980) stated that grounded theory makes its greatest contribution in areas in which little research has been done.

The grounded theory approach allows the researcher to obtain data from real-life situations in order to understand how the participants define reality or "see the world" in their particular life setting (Stern, 1980; Field & Morse, 1985; Chenitz & Swanson, 1986). The goal of grounded theory is to then move from description of the behavior to the explanation of patterns at a conceptual level and to generate theoretical constructs which are "grounded in the data" and explain important aspects of the phenomenon. The theory generated is not proposed as a perfect or complete product, but rather represents an 'evolving entity' (Glaser & Strauss, 1967).

There are several ways in which grounded theory differs from other methodologies: the conceptual framework is generated from the data rather than from previous studies, although previous studies always influence the final outcome of the work; the researcher attempts to discover dominant processes in the social scene rather than describing the unit under study; each piece of data is compared with every other piece (constant comparative method) rather than comparing totals of indices; and the collection of data may be modified according to the advancing theory (Stern, 1980).

As well, there are four criteria essential for a grounded theory:

1. it should be believable in that it should seem to be plausible to the reader
2. it should be comprehensive in that it accounts for most of the data
3. it should be grounded and thereby inductively tied to the data
4. it should be applicable and should lead to hypotheses and additional investigations (Glaser, 1978; Rennie et al., 1988).

Theoretical Framework

Grounded theory is based on the principles of symbolic interactionism, a theory of human behavior (Blumer, 1969). Chenitz and Swanson (1986) described symbolic interactionism as an approach to the study of human conduct and human group life, which "focuses on the meaning of events to people in natural or everyday settings ... (and is) concerned with the study of the inner or experiential aspects of human behavior" (p. 4).

Thus, this approach is concerned with life-as-it-is-lived and with face-to-face interactions of all kinds, wherever these interactions take place (Stanley & Wise, 1983). The inherent assumptions are that individual behavior is guided by the personal meaning of an experience, and that the experience itself is what creates meaning (Chenitz & Swanson, 1986). Chenitz (1986) describes the implications of this model for research design:

> First, the meaning of the event must be understood from the perspective of the participants ... Second, that meanings are derived through social interaction. Hence, to understand meaning, behavior must be observed in context ... Research methods must be able ... to capture process and change" (p. 46).

Grounded Theory Methodology

The technique that forces investigators to stay close to their data, and which constitutes the systematization of the approach, is the constant comparative method (Glaser & Strauss, 1967; Glaser, 1978). This technique involves systematic categorization of data and limited theorizing until patterns in the data emerge from the categorizing operation. This method requires "data collection, open categorizing, memoing, moving toward parsimony through the determination of a core category, recycling of earlier steps in terms of the core category, sorting of memos, and the write-up of the theory " (Glaser, 1978, p. 68).

The process of grounded theory is both recursive and concurrent: data collection and analysis occur simultaneously and are linked together in a circular manner. For clarity in description of the method, the following elements comprise the approach: collection of data, comparison of data, integration of categories, delimitation of the emerging theory, and presentation of the theory (Stern, 1980). Maxwell (1980) described the process of grounded theory method as involving collection of data, concept formation, concept development, concept modification and integration, and production of the research report. As Rennie et al. (1988) summarized the grounded theory method in detail, their work will be drawn upon to describe the elements of the grounded theory process in the following sections.

The Constant Comparative Method of Data Collection and Data Analysis

The collection of data is guided by a sampling strategy known as theoretical sampling. This is a process whereby the sample is not selected from the population based on certain variables prior to the study; rather, this approach allows the selection of participants who will meet the theoretical need of the investigation (Field & Morse, 1985). Thus, participants are selected on the basis of their willingness and their knowledge and ability to communicate about their experience of the phenomenon being investigated.

Data is collected from documents, observations or interviews of the participants' personal reflections of the phenomenon being studied. Initially, the researcher focuses on learning what is central and crucial to the phenomena, but adapts the collection of data as it is influenced by the outcome of the emerging analysis.

As the data is received, it is investigated and broken up into meaning units of individual concepts described by the interviewee. The researcher then applies a system of coding, which is a process of attaching a descriptive label to each concept. These codes are called open or substantive codes (Glaser, 1978; Hutchinson, 1986) because they codify the substance of the data, and often use the very words of the participant. Rennie et al. (1988) recommended that the names of the categories be descriptive and closely reflect the language used by the respondents.

The substantive codes are then categorized or sorted into clusters on the basis of the meaning embedded within them. "Open" categorizing refers to the assigning of the meaning units to as many categories as possible. This permits the researcher to preserve subtle nuances of the data and supplies the groundwork for the development of rich theory (Rennie et al., 1988). Glaser and Strauss (1967) stated that researchers should not merely generate descriptive categories but should also construct categories that explain the descriptive categories and the linkages between them. Glaser (1978) described grounded theory as typically being a blend of descriptive and constructed categories with the former often subsumed under the latter.

Analysis of subsequent transcripts proceeds through the key processes of coding and categorizing as described above, and the emerging categories are compared for similarities and differences and to see how they cluster or connect to form linkages. Conditions (that explain why and when they occur), strategies (or how the action in the situation takes place) and consequences (or the results of the action) form the theoretical linkages by which the categories are related to each other and to the central category (Glaser, 1978; Corbin, 1986). When the analysis of additional protocols reveals no new categories, properties, or relationships among the categories, saturation of categories is said to occur (Rennie & Brewer, 1987). Saturation refers to:

> the completeness of all levels of codes when no new information is available to indicate new codes or the expansion of old ones; when all data fit into the

> established categories, interactional patterns are visible, behavioral variation is described, and behavior can be predicted (Hutchinson, 1986, p. 125).

Saturation of categories occurs at different times, the more peripheral categories will saturate first and the more dense ones later (Quartaro, 1986). Saturation generally occurs when the researcher has analyzed between 5 and 15 protocols (Glaser & Strauss, 1967; Pennington, 1983; Phillips, 1984; Quartaro, 1985).

The comparison of categories to find patterns and linkages, termed reduction, is a vital step in discovering the central categories or "core variables" of the emerging theory (Glaser & Strauss, 1967). A core category:

> is the one most densely related to the other categories and properties. It is often an abstract category, but is not vague. It is clearly defined due to its properties (the categories it subsumes), is sensitive to new information because it is associated with many categories, and is the last to saturate (Rennie, Phillips & Quartaro, 1988, p. 144).

Once saturation has occurred and a core category has been identified, the researcher can transcend the empirical nature of the data and begin to think in more theoretical terms. The process of analyzing the coding is designed to help a researcher discover a basic social psychological process (BSP) that is a response to the basic social psychological problem being investigated (Hutchinson, 1986). The core category forms the basis for the emergence of the BSP; a BSP is one type of "core category which involves process and change" (Strauss, 1978, p. 96). Questions asked during the coding process such as: (a) what is the basic social psychological problem these people are dealing with?; and (b) what basic social psychosocial process helps them cope with the problem?, help to discover the BSP and its properties (Hutchinson, 1986, p. 122). These questions generate theoretical rather than empirical thinking.

Memo writing

Generating a theory requires theoretical sensitivity and the process of writing memos enhances such sensitivity (Glaser, 1978; Hutchinson, 1986). Memo writing in grounded theory is a strategy used by the researcher to systematically record ideas, speculations, and insights about the categories and emerging theory (Rennie et al., 1988; Glaser, 1978; Quartaro, 1986). Memos include:

> identifying categories and their properties, making hypotheses and identifying links between categories, identifying theoretical codes, looking for range and

variation, change over time, and diagrams of the relationships between the categories (Fagerhaugh, 1986, p. 136).

Rennie et al. (1988) stated that memos act to:

1. help the analyst to obtain insight into tacit, guiding assumptions
2. raise the conceptual level of research by encouraging the analyst to think beyond single incidents to themes and patterns in the data
3. capture speculations about the properties of the categories, or relationships among categories, or possible criteria for the selection of further data sources
4. enable the analyst to preserve ideas that have potential value but are premature
5. record thoughts about the similarity of emerging theory to established theories or concepts (p. 144).

Glaser (1978) described memos as "ideational but sparked by the data, and in this way they are grounded" (p. 23). Memos are linked with other memos, and new memos are created in response to the insights provided by the linkages. Glaser stated that the researcher's interpretations and conceptualization of the data are contained within the memos, and that this material formed the basis of the grounded theory.

Achieving Trustworthiness

Issues of reliability and validity must be addressed in all methods of research. However, the criteria for assessing the reliability and validity of qualitative studies are different from those used for quantitative studies because the methods and aims of qualitative and quantitative research differ (Field & Morse, 1985).

Trustworthiness (Lincoln & Guba, 1985) is the global qualitative term for objectivity which, in quantitative methods accounts for validity and reliability. Rigor in qualitative studies is accounted for by the extent to which the method can be considered logical and thorough, the extent to which the written description reflects the experience of those who lived it, and the extent to which the findings are relevant and useful (Field & Morse, 1985). Reliability and validity are terms characteristic of quantitative studies while qualitative studies refer to characteristics of auditability, credibility and fittingness.

Audibility

The "audit trail" as described by Lincoln and Guba (1985) is one of the basic strategies required to ensure trustworthiness as it is what enables others to follow or audit the research process.

If a study is auditable, another researcher should be able to follow the initial research plan and arrive at similar conclusions. Clear description and explanations of the sample selection, strategies of data collection and analysis, and the documentation of field notes and memos will assist in contributing to the auditability of the study. Memos kept by the researcher throughout the course of the study provide a continuous record of the details required by the audit trail.

Credibility

A study has credibility if it accurately reflects the experiences being studied. Credibility is enhanced if the descriptions of the experiences are easily recognizable to other individuals. In grounded theory research, the strategies of the constant comparative method of data analysis, of memoing and of leaving an audit trail ensure that credibility is maintained (Field & Morse, 1985).

Fittingness

Fittingness refers to the representativeness and applicability of the data to the findings and from the findings to individual experience. That is, the theory must be well grounded in the data and it must make sense to other individuals (Glaser, 1978).

Threats to Credibility

Validity

The main consideration of validity in qualitative research is in regard to "meaningfulness", that is, how closely the data reflect the reality of the participants (Field & Morse, 1985). Field and Morse suggested that in order to achieve validity to the fullest extent possible, the transcripts should be reviewed with the participants and corrections or elaborations of their narratives be invited, to minimize bias and distortion. Additional interviews should be held if necessary to further clarify the narratives. In addition, informants should be requested to review the conceptual categories emerging from the narratives to determine if these categories reflect or "fit" their own experience.

Subjectivity

The role of the grounded researcher cannot be ignored. Quartaro (1986) stated that " in the final portion of the analysis, a grounded theory research project becomes subject to the researcher's own capacities, inclination, and limitations" (p. 14). Quartaro added:

> The investigator becomes a shaping influence on the developing investigation. More abstract categories develop according to the data but also according to the knowledge and experience of the researcher. This influence is undeniable . . . The analysis is colored by the perspective of the specific researcher. However, it is unlikely that any grounded researcher would not have seen this pattern in the data and represented it in some way. At this level of analysis, the researcher influences the data, but the limiting factors for that influence are the data themselves (p. 21).

Rennie et al. (1988) also stated that different investigators might develop different views of the same phenomenon, but that each might be credible within its own limits; and that different theories arising from the same data are the result of the different analysts emphasizing different aspects of the data.

The grounded researcher attempts to deal with the problem of researcher influence and subjectivity by bracketing assumptions, biases, and beliefs in the form of memos throughout the process of the research and the development of theory (Glaser, 1978; Quartaro, 1986; Rennie et al., 1988). Rennie et al. (1988) stated that grounded theorists are faced with the paradox of attempting to "rid self of preconceptions about the phenomena under investigation so that its 'true' nature will emerge in the analysis" (p. 141). However, they considered that this state could never be fully reached "in that it is difficult for grounded researchers to realize the goal of identifying and disclosing their implicit assumptions" (p. 146).

Verbal reports as data

The use of verbal reports as data is an important threat to credibility in scientific research, which is also acknowledged in the grounded theory method. However, there is no other way to understand the experiences and meanings attached to them by the participants (Field & Morse, 1985). Rennie et al. (1988) stated that a criticism of the use of verbal reports is that the researcher may not have access to internal processes of which the participants are unaware. In addition, the researcher may be misled by the participants in a conscious way. However, the in-depth interview combined with repeated interviews, as well as the use of the constant comparative method (to demonstrate that different individuals say the same thing which increases the credibility of individual accounts), all serve as a check on credibility for the individual's narrative (Hutchinson, 1986; Rennie et al., 1988).

With respect to verbal reports from children, Amato and Ochiltree (1987) suggested that if researchers remained with the 'here-and-now', they could achieve articulate and informative responses from children about their families. In addition, Amato and Ochiltree found that the quality of data was significantly higher for adolescents than for primary school children, but that the quality of data for primary school children was high in absolute terms.

Generalizability

The small number of subjects is not of concern in qualitative research since the researcher seeks intimacy with the phenomenon rather than evidence of generalizability through random sampling or a large sample (Field & Morse, 1985). And Geertz (1973) used "thick description" to refer to the need for depth rather than breadth in description of the phenomenon under investigation. Rennie et al. (1988) stated that verification of theory other than that yielded by saturation of categories is not the intention of grounded theory methodology and is left to other studies and researchers. They further suggested that "the problem of limited generalizability of grounded findings is not resolved but is accepted by grounded researchers as a legitimate price to pay for research that is intimately tied to the phenomena it addresses" (Rennie et al., 1988, p. 28).

Replicability

Grounded theorists acknowledge and value that different researchers may study the same topic but emphasize different aspects. However, it is expected that if the method is followed as outlined, other researchers would obtain the same results (Rennie et al., 1988). However, Hutchinson (1986) stated that the issue of replicability is basically irrelevant, since the purpose of theory generation is to offer new perspectives on a familiar situation.

Implementation of the Study: Method and Procedures

The study undertaken was an exploratory investigation of the experience of empowerment in family therapy with multiproblem families. It was anticipated that the information gathered would enable the researcher to begin to understand how the psychotherapeutic process from a family therapy perspective was perceived by the families, and the nature and process of empowerment within the therapeutic context.

Ethical Considerations

Ethical considerations of confidentiality, anonymity, and sensitivity, and which involve protection and preparation of the participants, must be addressed in any research endeavour.

Regarding confidentiality, the participants were assured that the information given by them would not be discussed with the referring therapists or assigned Social Worker without the family's written consent. Anonymity of information was ensured through the removal of any identifying information, the use of letter codes, and the erasure of tapes and shredding of written material at the completion of the study. Sensitivity to participants was demonstrated by their freedom to withdraw from the study without penalty, and to disclose only the information they wished to. Attempts were made to avoid a power differential as much as possible by the writer having no previous knowledge or contact with the families, by having the initial request for participation made through the family therapist to avoid any hint of coercion on the part of the researcher, and by the writer having the role of researcher rather than therapist.

Preparation of the participant requires that the participants are adequately informed about the research and can thus make an informed choice about their participation. In order to ensure this, the prospective families were first approached by their family therapist regarding their willingness to participate in the study. Families that volunteered to be participants were then contacted by the researcher who discussed the purpose and requirements of the study with each family prior to their making a commitment to it.

Finally, ethical clearance was obtained from the Ethical Review Committee of the University of Alberta, as well as the Edmonton Region Research and Ethics Committee, Alberta Department of Family and Social Services.

Selection Technique

Families voluntarily participated in the study. A theoretical (purposeful) sampling strategy (Glaser, 1978) was used to select those families who seemed most likely to represent the phenomenon, who had knowledge and ability to communicate about the phenomenon being studied, and who were relatively similar. This was done in order to maximize the opportunity for aspects of the phenomenon being investigated to emerge clearly.

Participants

Participating families were selected from those referred by the Alberta Department of Family and Social Services, Child Welfare Services, to a private Family Therapy Agency (Lousage Family Institute, Edmonton) staffed by experienced family therapists.

The families who were invited to participate were defined by their therapists as having made successful progress in therapy, as mutually agreed by both family and therapist. Success in therapy has been defined as:

> an increase in the abilities of family members to choose, to resolve ambivalence, and to negotiate with others in achieving a greater degree of satisfaction in living. In short, an increase in individual autonomy and choice-making is synergistic with and indicative of a useful family change (Beavers & Hampson, 1990, p. 130).

In addition, families appropriate for the study were described as those who were insightful and perceptive about their experiences in family therapy, who were able to articulate those experiences, and who were willing to voluntarily participate in the study.

It was not possible to know in advance how many families would be involved in the study, as this depended on the saturation of categories emerging from the recurrent and joint process of data collection and analysis (Glaser & Strauss, 1967; Field & Morse, 1985). An initial sample of nine families was considered, with other families to be added if necessary to reach saturation of categories.

Procedure

Initially, the nature, process and purpose of the study was discussed with the family therapists who acted as the referral source for the study. The therapists were requested to contact prospective families to participate in the study, and to give those families the "Information for Families" form (see Appendix). This form was designed to appraise the families of the nature of the study. Families who wished to become participants in the study then signed the "Consent for Releasing Confidential Information I" form (see Appendix), which allowed the researcher to initiate contact with them.

The families were telephoned by the researcher who scheduled an interview date at their convenience. In the first meeting and prior to the actual interview, the families were required to sign the "Informed Consent" and "Consent for Releasing Confidential Information II" forms (see Appendix), and any remaining questions about their participation in the study were invited and discussed. Preparation of the families at that time also included discussion of ethical issues of confidentiality, anonymity and sensitivity, including how the information would be used, who would have access to it, and the family's right to terminate their involvement in the study should the need arise out of personal concern or discomfort. In addition, as the focus of the study is modified throughout the process and the researcher does not know in advance what will be discussed during the interviews (Archbold, 1986), it was made clear to the participating families that any issues arising that might require therapeutic follow-up would be referred back to their family therapist, who was in full agreement with this.

Data Collection

Sources of Data

Demographic Data

Demographic, family constellation, and referral data was collected to provide descriptive data about the families participating in the study. This was important in regard to the multiproblem nature of the referral, the organization of the particular family unit, and the nature and extent to which the family may have experienced disempowering events due to the family problems (e.g. family breakdown, intervention by professional agencies, compulsory attendance at counselling, etc.)

This data was obtained at the end of the first interview or through review of their files with written consent by the families.

Interview

The formal qualitative interview for grounded theory (Swanson, 1986) provided the primary source of data. The focus of the interview was to illuminate the experience of empowerment in family therapy from the participants' perspective. The interviewer was the researcher (doctoral candidate), who was familiar with families referred through Child Welfare having successfully completed a year's internship in family therapy at the Agency.

The interviews took place primarily in the agency where the families had been involved in family therapy, for the purposes of familiarity of setting, prevention of extraneous distractions, and to provide a frame of reference for the topic of discussion in the interview. On two occasions, for the convenience of the family, the interview was held in the family's home. The length of the interviews ranged from approximately one hour to an hour and a half, and each interview was audio-taped and subsequently transcribed into written form. The writer made occasional notes as necessary during the interview as reminders of points for clarification or for further follow-up of the content.

As the family is the focus of therapeutic intervention from a family systems framework, the family was the unit of analysis in the present study. As such, the family members who attended therapy were also those invited to participate in the interview. Swanson (1986) suggested that formal interviews for grounded theory are especially suitable for gathering data from a multiple (family) unit. Much can be gained in this way, as multiple rather than individual responses can be obtained, members can clarify the other's perception of an event, and can add to or detract from the details of the event. Both verbal and non-verbal interactions may be observed, and the interviewer is able to observe "processes-in-action" as they occur, rather than through second-hand telling (Swanson, 1986).

Thus, the researcher followed the tenets of family therapy in which the perceptions of each family member are sought and given due importance and value. Each family member was asked for their views of their experiences, and the participation of each member was facilitated and encouraged to the fullest extent possible. The families were encouraged to articulate as fully as possible in their most meaningful terms their experience of the psychotherapeutic process, and the nature, conditions, and consequences of empowering experiences in family therapy as they perceived them to be. Subsequent interviews narrowed in focus as the interviewer sought clarification of issues, explored specific concepts or as categories became saturated.

The focus of the first interview was to gain a general impression of the families' experiences in family therapy. For the second interview held several months later, the focus was narrowed to elicit those experiences that had been perceived to be empowering for the family members. This was accomplished by gleaning and compiling the family's own descriptors of empowering experiences given spontaneously in the initial interview, and feeding them back to each family at the start of the second interview. The intent was to provide a mind set or focus for the discussion on empowerment, by providing the family with their own words and experiences that had been empowering for them. If this did not facilitate the discussion, the writer then used words and definitions provided by other families as a further stimulus. Thus, for example, in one interview the writer stated:

> "This time what I'd like to focus on came out of something you said in our last interview. I mean those experiences, or things that happened during family therapy that made you feel strengthened or more competent or more capable. What were those kinds of things, what changed, and how did they change? Let me explain a little more. Some of the things you said were 'there was a gradual building of self-confidence and self-esteem'; and you had 'an eye-opening experience where I realized I had the answers within me'. I would like to find out more about that, how this happened for you, those experiences that made you feel more self-confident, with more self-esteem, and knowing you had answers within you. And also those things that happened that did not make you feel this way."

This way of introducing the topic proved successful in focusing the content of the interview, as well as reaching the families through their own descriptions.

Transcriptions of Interviews

Verbatim transcripts of each interview were made and subtle nuances of emphasis and inflection, as well as instances of emotional indicators such as laughter, sighs, gaps, or long pauses, etc. were noted on the transcript. Following transcription of the interview, the researcher re-played the audiotape while following the transcript and made additions to the transcript if necessary.

All personal or identifying information was removed from the transcripts and participants' names were replaced with standard letter codes (e.g. W=Woman, C1=Child 1, FT=Family Therapist, etc.). Each page of the transcript was numbered and coded with the interview number and general letter code of the informant family (e.g. Family A #2).

Field Notes

The interviewer's field notes typically consisted of comments on the content of the interview; impressions of the families and the individuals within it; their emotional responses and reactions; inconsistencies in process and content of interview (e.g. if one person dominated the interview in discussing "empowerment", this would be viewed in relation to the concept of empowerment for other family members); reflections on interview guidelines; and thoughts regarding emerging themes and patterns.

Field notes were completed as soon as possible after the interview session, or within 24 hours.

Memos

Memos were used to record the writer's beliefs and assumptions about the data and the families. Memos also included the writer's hunches, tentative hypotheses and insights about the emerging theory, which were "grounded in the data", and were later used in the analysis of the data.

Data Analysis

Demographic Data

The Families

The families who shared their experiences were representative of families referred through Child Welfare Services. They included blended families; single parent families, one with preschoolers, one with teenagers; and couples with school age children, or teenagers who were either living at home or were on their own. Socio-economic status ranged from families with two wage earners to families supported through social assistance; both blue collar and white collar occupations were represented; and educational levels ranged from incomplete high school requirements to graduation from university.

Of the nine families volunteering for the study, three families were unable to participate due to continuing family difficulties. Thus, the final sample consisted of six families, comprised of 13 individuals. The family members were present for both interviews, with the exception of a single parent's four preschoolers who were under the age of five and who had attended only the first family therapy session. As well, three teenagers declined to attend the second interview, due to conflicting appointments and as they felt they had nothing further to add.

Most of the adult family members had experienced difficulties in their families of origin. They described the traumas and crises lived through during their childhood and teenage years, and spoke of contending with parental alcoholism, sexual abuse, emotional deprivation and extreme neglect. Feelings of being unconnected and non-valued were shared. Some took their 'survivor' status for granted, and spoke of "living one day at a time." Others felt proud of their survival and determined to make the most of their own lives, even though finding it difficult to separate themselves from their past.

The parents spoke of their own life crises which included divorce, abuse, struggles with alcoholism and depression, and "general feelings of unhappiness." These situations were acknowledged to have impacted on their families of creation, and were described as influencing family bonding, communication and functioning. Ongoing family difficulties in those areas led to referral problems of marital discord, parent-child conflict, teenage delinquency, and depression.

All but one of the families (who had made a self-referral for therapy) had requested the support of Child Welfare Services and were amenable to the referral for family therapy. Length of time in therapy ranged from approximately five months to 13 months, with sessions usually held on a weekly basis. At the time of the study, the families were all at or near completion of their involvement in therapy.

The Family Therapists

Five family therapists, four female and one male, referred the families for the study. The therapists had an average of 10 years experience in family therapy, and were accredited or student members with the American Association for Marriage and Family Therapy. Each of the therapists approached therapy with families from a systemic framework, and all professed themselves to adhere to an empowering philosophy in their work with families.

Family Interviews

The constant comparative method of data analysis and collection in grounded theory (Glaser & Strauss, 1967; Glaser, 1978) was utilized in the present study. As outlined previously, with the constant comparative method data collection and analysis occur concurrently: as soon as data is collected it is coded; additional data is compared with initial data and coded in relation to descriptions, patterns and emerging themes and relationships.

Thus, analysis of the transcripts first involved the labelling and compiling of substantive and open codes reflecting the substance of the data. The substance of the data consisted of insights, descriptions and incidents offered by the families which reflected their experience of family therapy and empowerment within it. The initial substantive codes were compared to codes arising from analysis of subsequent interviews, and these codes were then condensed and sorted into categories. The categories were constructed on the basis of themes emerging in the data, for example, the codes of "self-knowledge" and "self-understanding" became subsumed under the category "self-awareness." In addition to coding and categorizing, the writer used diagramming to enhance the development and identification of categories and linkages, and to increase understanding of the emerging theory through a visual representation.

Analysis of subsequent transcripts proceeded through the processes of coding and categorizing, and the data was constantly compared with already existing data. The additional data substantiated and further elaborated the emerging categories. Data collection was discontinued when the categories were saturated, when the analysis of additional transcripts revealed no new information or categories that did not fit within the previously identified categories.

Data analysis continued as the emerging categories were compared for similarities and differences, and linkages were established between them. The linkages were revised and modified until the categories were integrated into a conceptual framework, which when supplemented by the writer's field notes and memos, provided the basis for the emerging theory.

Through this process of simultaneous data collection and analysis, a core category emerged from the data. A core category accounts for most of the variation in a pattern of behavior, and is considered a BSP if it brings out process and change (Glaser, 1978). The core category and BSP which arose from the data in the present study was defined as Discovering Self. Grounded in the data of the families' descriptions, perceptions and insights, Discovering Self described the essential component of the process of empowerment in family therapy for multiproblem families.

Reliability and Validity

Every qualitative researcher endeavours to accurately conceptualize and portray the phenomenon being investigated (Field & Morse, 1985). The researcher also has a responsibility to demonstrate the credibility of the findings, and does so by ensuring that threats to the trustworthiness, or reliability and validity of the findings are minimized.

The first measure to enhance the trustworthiness of the findings in this study was the sampling strategy selected. Field and Morse (1985) proposed the criteria of appropriateness and adequacy for evaluating the reliability and validity of sampling strategies in qualitative research. Appropriateness was defined as "the degree to which the method of sampling 'fits' the purpose of the study as determined by the research question." Utilizing a purposeful or theoretical form of sampling allowed the selection of participants who met the criterion of appropriateness: the participants were likely to represent the phenomenon, were relatively similar for purposes of comparison, and had the ability to express their knowledge about the phenomenon.

The criterion of adequacy refers to the quality and completeness of information provided by the participants (Field & Morse, 1985). This criterion was met in the study as it is achieved by continuing theoretical sampling until all categories are saturated, or no new information is found that does not fit into existing categories.

Field and Morse (1985) also suggested that in order to achieve greater validity, the transcripts of the interviews should be reviewed with the participants who are invited to correct or expand their narratives. Thus, following the interviews, transcription, and preliminary analysis of the narratives, the verbatim transcripts complete with the writer's preliminary codings and categorizing were mailed to the families. The families were requested to review both their narratives and the conceptual categories thought to be arising from their narratives, to clarify and elaborate as necessary to capture fully the essence of their narratives, and to determine if the categories reflected or "fit" their own experience as they had articulated it. The families had been previously advised of this measure and had been receptive to it, with one family asking for a copy of their narrative for each member! Five of the six families completed this request and declared it to be an interesting as well as revealing exercise. The reviewed transcripts were discussed and provided the basis for further reflection, collaboration, and refinement in data analysis.

A further demonstration of the credibility of the findings was the family members' confirmation of the researcher's interpretation of the data. An assumption of minimal bias and distortion of the data was held, as the families made comments regarding the accuracy of the findings and that these 'fit' with the family's expressed meanings. As well, the use of examples and quotes from the narratives to present the data added to the validity of it (Marshall & Rossman, 1986).

Another measure used to enhance the trustworthiness of the findings was that the researcher sought to discern and acknowledge her own beliefs and assumptions in order to develop an understanding of any bias that might influence the data collection and analysis. For example, the assumption that a successful experience in therapy would be related to resolution of major problems, was not upheld by the data, and provided a focal point for further discussion with the participants.

Finally, the researcher used strategies germane to grounded theory research including the constant comparative method of data analysis, memoing, and leaving an 'audit trail' of clear documentation of the research process, which ensure that trustworthiness is maintained (Lincoln & Guba, 1985).

IV. RESULTS: ELEMENTS OF FAMILY THERAPY

Without an understanding of the families' construction of their experience of family therapy, it would not be possible to fully appreciate their experience of empowerment within it. Thus, the intent of the present chapter is to first lay a foundation by describing the intrinsic elements of family therapy according to the family members' perspectives, covering their entry into family therapy to their exit from it. The following chapter will then convey the families' perceptions and experiences of empowerment in family therapy.

The family members who collaborated in the study expressed the challenge of responding to what they described as "hard" questions, or questions that "really make me think." However, the writer was deeply impressed by their commitment to the project and the challenges they met in their 'struggle' to find "the best" words to convey their meanings. The families' insights and perceptions about their experiences, as well as the eloquence with which they articulated these, were a source of wonder and respect for the writer.

Elements of Family Therapy

Entry

Referral Source

> "They (Child Welfare) said that there was some more important and deep-seated issues that needed dealing with, so they referred us down to family therapy ."
>
> "It's, you know, a bureaucracy - no better, no worse than any others."

All of the participating families were referred for family therapy by Child Welfare, with the exception of one family who described themselves as familiar with the format of family therapy, thus referred themselves for family therapy.

The families shared in common that the referral for family therapy was on the basis of a "crisis" situation, one which they felt inadequate to manage on their own and for which 'professional' help was deemed crucial. This perception was also felt to be held by the Child Welfare worker who made the initial referral. One family however, described the "pain, anger, bitterness and resentment" caused by their perception of an improper and inadequate assessment of the family situation, resulting in an "unnecessary" intervention (apprehension of the children). The result of this situation was a reciprocal "personal feud" between the family and the worker, and a belief that the workers "never stood by what they were saying ... they wouldn't listen to me ... wouldn't believe me." This situation was relieved through a lengthy process of collaboration, consultation and advocacy on the part of the family therapist involved, and the realization on the part of the family that "co-operation rather than conflict" got family needs first understood and then met.

The workers were more typically described as "helpful" in the referral process, as giving "encouragement" and "financial and moral support to keep on going", and as "doing what was possible." However, a common complaint was made in regard to the "turnover" or frequent changes in staff assigned to the families. The changes in workers were attributed to financial cutbacks in the Department, transfers within the Department, and the strike by workers which had been ongoing at the time of the families' involvement with the Department. The frequent changes in workers left the families with a feeling of a lack in both continuity of service and awareness and information about the families necessary in planning for them. Continuity was felt to be important in terms of obtaining services required, as well as in the "reassurance" that familiarity with a worker provided.

Providing information was a seen to be a vital function of the workers. The information required by these particular families ranged from financial matters to welfare applications to teenage pregnancies to availability and accessibility to other services. The change-overs in workers resulted in "confusion" and "different information" given by the various workers. This left the families feeling "frustrated", "giving up trying to keep track of them" and feeling that their information needs were either not met, or resulted in unfulfilled promises by the workers. A broader arena of conflicting information was described as occurring between the workers and the families, between the workers themselves, or between the workers and other agencies involved. Dissatisfaction was expressed at the collaboration and consultation between workers, in personal encounters as well as in case conferences.

Not surprisingly, those families expressing greater satisfaction with the workers appeared to be those that felt more responsible and able to influence their involvement with the workers. For example, one family described the process of getting their needs met by suggesting that "the squeaky wheel gets the grease." They inferred that the families who demanded services got the services. This thought was echoed by other families who spoke of the need for the family to take an active role in the process, to "go after" the workers. These families spoke of the responsibility of the family in establishing contact with the workers. Several families felt perfectly justified and able in "going right to the supervisor" if unable to contact the worker, or if disagreeing in some way with the worker.

Contact with the workers ranged from minimal, "the only time we saw them was to sign the support agreement", to a sense that on-going contact with the workers was a choice "if you needed to." Other families felt that there were families "worse " than theirs, with "bigger problems" who thus needed more frequent and intense involvement with the workers. The families' sense of the extent of their personal need for continuing contact, their part in initiating and maintaining contact with the workers, as well as the awareness of the worker's "over-worked" status, allowed most families to accept or tolerate the amount of contact they had with the workers. Others were critical of the lack of worker-initiated contact, feeling that the workers responded quickly to a crisis situation, but did not provide continuing support after resolution of the immediate crisis. Follow-up support was deemed as essential as crisis intervention for the families.

The families expressed recognition of organizational difficulties in the Department affecting the function and efficiency of the workers. Recognition that the workers were also affected by difficulties within their Department left most families with a resigned acceptance of their experiences with the Department. The Department was described as "like any other organization" or "bureaucracy" and as experiencing difficulties common to any big organization. These included lack of connection in communication and sharing of plans and knowledge, "the left hand didn't know what the right hand was doing", which was felt to reflect down upon the workers in terms of their difficulties in communicating and sharing information. Comments were made regarding the dual functions of the Department, the administrative as well as the 'interventive', and the complexity of these functions. In commenting on the intervention of Child Welfare in their lives, the families concurred that a gradual "winding down" rather than an abrupt ending (i.e. cutting off of funding for family therapy) to their involvement with Child Welfare was both desirable and necessary.

Reaction by Family

> "Our family situation at that time was particularly painful and I couldn't cope anymore."
>
> "It's something that affects the whole family so you should go."

All of the families stated that family crisis was an incentive to their current involvement in family therapy and that involvement was "out of necessity not choice." The teenagers in the study expressed that they had little choice regarding the decision to enter family therapy, and had done so out of family obligation or in some cases as a condition of returning home from foster placement. A prevalent attitude was a reluctance or an "approach/avoidance" to participating in family therapy, arising from the stigma commonly attached to being in therapy: "I had a mind set that only really sick people go to counselling." However, this was coupled with the recognition that "we really needed help." The perception of the source of the family problem ranged from personal fault, to the fault of the teenager's behaviors, to the impact on the family of a series of stressful situations.

The families generally expressed themselves to be little informed or aware of the process, parameters or procedures of family therapy. There was however, an awareness that commitment and motivation were important factors in entry into therapy. There was also a recognition that family members were at different "phases or levels" of commitment, motivation, awareness, and emotional and verbal expressiveness, implying a concept of varying levels of family member 'readiness' for therapy. Families also differed in their perception of already established abilities and strengths they brought into family therapy. For example, one family described themselves as "already able to talk as a family", while another stated that "our family was very negative, very paranoid, because everybody was attacking from inside and outside."

The majority of the family members agreed that intervention by Child Welfare in referring them for family therapy was a decisive factor in essential changes being made in their lives.

Expectations

Distinction between Family Therapy and Individual Therapy

> "Individual therapy is to help you grow as a person and family therapy is to grow as a family and learn how to accept each individual person to reach their highest potential in that family unit."

All of the families had been previously involved in some form of therapy, although none of them described the therapy as being family-oriented. Most of the families expressed negative reactions to their previous therapies, ranging from comments that the effects of therapy had not been maintained to residual anger at having had a primarily negative experience in therapy.

Some family members had had counselling as a couple, but described this as "separate therapy" and "individual counselling of the pair." The difference in family therapy in comparison to individual therapy was described as being:

> "like passing over old ground, but then it wasn't, it was new ground because the members had changed."

Other differences experienced in family in contrast to individual therapy were related to "emotions arising from the family's past, shared history, referral reasons and dysfunctionality too."

Individual therapy was useful for personal issues, and "changes within me." However, family therapy was recognized as necessary when the family, in contrast to the individual, was experiencing stress. Family therapy was necessary for relationship issues, "like you're not supposed to do that alone." A common feeling was that therapy without a focus on the family "missed connections" by not focusing on the interactive effects of the patterns of family behaviors. As well, support from partners and family members was reported to facilitate the process of therapy, and members gained a perspective of the "family unit" versus the individual. Having therapy as a family was described as also facilitating participation and "taking responsibility for their part" by all family members, taking responsibility as a family unit rather than focusing "blame" on a particular family member, and viewing all family members as part of the problem as well as the process. One member stated:

> "I wouldn't be allowed to be a non-participant. I wouldn't be allowed to get away with saying 'well, this hasn't got anything to do with me, it's her problem'."

The contribution of each family member was felt to lead to more successful results in therapy.

Expectations of Family Therapy

> "I really didn't expect anything ... I thought it was just going to be an exercise in futility ... And I don't think it was, it was quite helpful."

> "A chance to reconstruct. That's the way I see it, just take a chance. No guarantees, no nothing ... To have a functional family."

> "My expectations were again, that I would be supported in who I was, and my perspective on things. And it wouldn't be a negative, tearing-down experience, but one that built on our strengths as a couple, and accepted us to a certain extent the way we were when we walked in the door."

In discussing their expectations of family therapy, the families acknowledged differing expectations by individual family members. However, the predominant expectation was to obtain clarification of the family situation and to be involved in:

> "a process where we could find a way of working it out together ... as individuals within the family unit ... in terms of relationships, communication and power struggles within the family."

There was little expectation for "magical formulas" or answers, but there was an anticipation for "coping or managing skills" related to the problem situation the family was experiencing. One family mentioned a "hope" for resolution of the family problems, although most acknowledged that complete resolution of all family issues was an impractical if not impossible desired outcome. Due to the nature of family therapy with the basic requirement that most family members participate in the therapy sessions, the families had the expectation the the focus would be on the "family unit rather than on the individual." There was also a recognition of both family and therapist responsibilities within the session, with an expectation of the therapist as being the "expert", being "directive", being in control, and making decisions. A final shared expectation was of "pain and confusion" arising out of the experience of therapy, but that this was made bearable or acceptable by the anticipation of positive results ("better situation").

Experiences

Definition of Family Therapy

> (in family therapy) "you are confronting the people that you love and have hurt face to face. Here is where reconstruction really starts to show itself in that they can cry, hug, etc. in sight of each other, showing true emotions and feeling each others' happiness and sadness, going through the feelings together."

Experiences of Family Therapy

> "And so my expectations would be that I'd come and talk, and someone would tell me what's wrong and what I should do ... And, so it was very eye-opening for me to realize that that it doesn't work that way, that I have to do the work, and I have to come up with some answers for myself, that it needed that."

> "Just 'cause we were all in that room, we had to talk with each other and about each other ... So we just, you know, got a lot closer that way."

> "Through the process of being listened to and finding that your unreasonable demands are not that unreasonable, they're quite normal, and finding out that

your kids aren't that outrageous, they're really quite wonderful ... somehow that was just a really building up experience."

Family therapy was generally described as a scheduled time of 'forced' regularity ("regular", "structured", "set-aside time", "making time") for the family to "get-together to talk about" crisis issues as well as non-crisis issues like "sharing feelings, and sharing our lives." The necessity of scheduling time for therapy in the face of daily tasks and competing time commitments was seen as both a relief in that important time was kept free, and as a task that required on-going commitment.

Although often describing the therapist as the "expert", all families acknowledged and appreciated their own role in initiating and participating within the therapy sessions. While individual sessions might differ in terms of the primary direction of the session, a consensus was that there should be a balance overall between therapist and family direction of the session, and that this responsibility should be shared "fifty-fifty." Family therapy was viewed as an interplay between family members and the therapist, as "trial and error" and experimentation in communication as messages were "deciphered and interpreted." The importance of the expression of emotions and feelings was a recurring theme, with the scope of expression including "examining", "sharing", "venting", and "restraining negative feelings."

A compilation of the different functions the families considered family therapy to provide was as follows:

1. enhancing problem-solving approaches and problem resolution

2. an opportunity for feedback regarding:
    -the normalcy or severity of the presenting problem
    -the extent to which the problem was "real or imaginary"
    -the family's reaction to the problem

3. as a perception check for the family's understanding of the situation

4. as a source of reinforcement and support
    -in the single parent role

  - -in the struggle with the welfare system
  - -in problems with children

5. as support in decision-making

6. as an opportunity for introspection

7. as an opportunity to zero in on "real issues" affecting oneself and the family

8. as a forum for allowing expression of family conflicts in a neutral situation

9. as a "stepping stone" or "catalyst for change" to improved family functioning

10. as discovering or proposing "options" and facilitating flexibility versus rigidity

It is evident that family therapy provided a number of functions to meet the needs of the individual families. These often changed over the course of the therapy for each family, and were shown themselves to be a function of the diversity, flexibility and scope of the therapy process.

The focus of the therapy sessions was universally described as family issues, with these including family relationships ("making connections", "two-sided viewpoints"), and communication (both "productive and destructive"), that needed resolution within a family setting. Family therapy was described as allowing a 'here and now' observation and evaluation of family dynamics and family processes by allowing the enactment of real family situations (e.g. "sniping"). The result was that "it was harder to hide issues because all the players are there", and "you can't deny" what is enacted in the session. This enabled the family to "look closer at the real issues and not avoid them"; "catching each other in the act" enabled the families to address the issues rather than live with them. Repetition of the enactments within the family sessions helped the families to learn the patterns and "see the links."

A recurring theme was the families' description of the family therapy experience as promoting individuation: listening to a family member's opinion developed a greater understanding of that person and a recognition that "he had real insight into us" and "became more of a human being himself." One family member expressed it this way:

> "To actually have somebody else draw out your own flesh and blood in a neutral way and find out that they're amazingly insightful, and you didn't know it was there."

Recognition of each others' "rights" as individual members of the family unit allowed greater differentiation and separation ("breaking away from your children is a process"). This new awareness and appreciation of the family member came as a "revelation" to most individuals; the process was typically described as an "uncovering" of the individual member/s.

Another repeated facet of the family experience was the family's discovery of the 'universality' of life experience, the "comforting" notion that others experienced similar if not worse problems, for which they too required intervention. A reduction in feelings of "guilt" or "self-blame" was associated with the awareness that others were as likely as oneself to experience similar difficulties. This notion was captured in the statement "I discovered that anybody would be in really serious trouble if they were faced with the same issues." Another discovery was that of the 'normalcy' of their predicament, that often the crises or difficulties they were experiencing were predictable because of the impact of trauma and stressors, or at least could be related to crises inherent in reaching stages in the developmental life cycle. The perception of 'normalcy versus deficiency' inherent in their problem situation appeared to take the 'sting' out of feeling deficient as a person or a family and thus 'deserving' of such problems, allowing the families to take a more objective than critical subjective view of their difficulties and the roles they played in them.

A third major idea expressed in the families' descriptions was the growth in self-awareness that occurred as a result of their experiences in family therapy. This was variously described as "getting a chance to look at myself" and "gaining a sense of self in the family, of self in relationships." An increased awareness of self allowed new self-understandings:

> "I realized that I was shutting myself off to communication both to family and from within myself."
>
> "I discovered quite to my surprise that I have this really neat sense of humour and I am a very, very, strong person."

An important part of the journey towards self-awareness was frequently referred to as allowing oneself to express the impact of traumatic childhood or past experiences. Relating these experiences in therapy was typically described as difficult but "meaningful" and resulted in the "acceptance of the past, now and tomorrow, not liking the past but being able to put it in its place." Another explained:

> "I was able to deal with issues that were really, really painful ... And things that I had just put away and couldn't even talk about, I did. I had forgotten they were even there ... And I could talk about them and bring them out and put them out in broad daylight and you know, that's something I couldn't have done before."

"Facing down" the effects of the past was said to lead to greater self-awareness which in turn led to greater self-acceptance.

The recurring theme of family therapy as a process of developing greater self-awareness leading to greater self-acceptance was a major theme throughout the families' narratives. This concept will be expanded on further in the following chapter on empowerment in family therapy.

The major themes of individuation, universality, and self-awareness were described as being facilitated primarily through the strategy of reframing the family's situation, and through the experience of being "cared for and understood" by the therapist. Reframing, which is a method of generating alternate meanings to situation or events that allow for different viewpoints or options, was typically described by the families as "putting a different perspective on things." This new perspective was primarily "positive" and included both the family's situation and "negative" events happening within the therapy sessions themselves. One father gave as an example the therapist's reframing of his anger at his son as "your dad is expressing his worry that you're going to harm yourself in some way." Viewing the situation or event from a different perspective had the effect of allowing "oneself to distance from the turmoil" and to open up and pursue different options in terms of problem solving.

The caring shown by the therapist was described as "fostering", "nurturing" and as seeing through the "wall", "facade", or "game" to the "real person underneath." This experience was described as crucial; the "self-acceptance" and "hope" coming from acceptance and understanding by the therapist was stated to have long term and crucial impact:

> " ... wanting smoke and mirrors and aggression to hide behind, and you always hope, your pathetic and forlorn hope is that somebody will see through you and provide the fostering that seems necessary ... I think (the) forlorn hope (is) that you'll get something from someone else, that'll make your day. Make your life."

Many of the families spoke of family therapy as being "hard work" or "a struggle" requiring energy, active participation, commitment to the process, and a time for "reflection" or processing of the experience. Other descriptors included family therapy as being "time-consuming" and "long-term", with a general consensus that improvement in family comfort level, communication, understanding, and acceptance of each other occurred more as a process over time than as a number of discrete incidents or events. Family therapy was recognized as not providing final resolution of all issues, and not solving all the problems, but certainly as creating change within the family. Comments about the outcome of therapy included "helpful, "productive", "positive" and "we're better."

Evaluation of Therapist

> "Every person who receives care has a sort of a game they play of wanting help and avoiding help. It's an approach-avoidance and there's always this kind of game where you hope to find someone who can spot your game and who can cut through the self-destructive kind of things you do. And care enough to do so."

> "To me it's somebody who listens and really hears what you're saying ... And they can guide you or give you suggestions without overpowering you."

> "She tries to be very objective, very professional, very, sort of, above it all. I guess when that slips, I find that valuable ... I kind of liked it when she got hot, showing her feelings, I could just feel that she was human ... But, oh, it's touching, it touches you in a human way that's hopeful."

Perhaps not surprisingly, when describing their experiences in family therapy, the families spontaneously offered many thoughts and observations about the impact of the therapists themselves. The comments can be categorized according to the therapists' actions, attributes, and attitudes.

Actions

The actions or roles taken by the therapist were compiled as follows:

1. as providing a second opinion rather than *the* opinion

2. as "devil's advocate" in giving the opposite point of view

3. as a "witness": to statements made by family members; to agreements regarding family roles and rules; in regard to providing necessary back-up or support; to the reality of the family situation as enacted within the sessions ("like the smoking gun idea")

4. as a "referee" in family hostilities or alliances

5. as a "third party" in corroborating events

6. as facilitator of the family process: "urging", and asking leading questions

7. as an accurate translator, interpreter, and decipherer of family messages

8. as a "mediator or intermediary" between family members and larger systems

9. as a "cushion": to allow less intensity in personal feelings of being threatened by family members; as providing a feeling of support and

lessening the sense of aloneness; as deflecting hurtful comments or experiences into more positive ones

10. as an observer and explainer of family dynamics and process

11. as an instigator of ideas in problem solving or regarding meaning in family life

12. as a lifeline: "I wouldn't be here today if it wasn't for my therapist"

13. as an "advocate" or liaison for individual family members

14. as a model or "example": of patience and reflection which encouraged similar behavior in families; of restraint of expression of "negativity" in words, ideas, and attitudes; of personal ability or competence, "if she can do it, I can do it"

15. as available: "she's good just for being there"

16. as a guide

17. as a listener

18. as a repeater or "reminder" of more positive family interaction patterns

The therapist was variously seen as being "in the middle of this", being separate from the family, not overwhelmed or drawn into the family problem but drawn into the family's pain. The therapist was described as more accepting and less emotionally tied to the family which permitted family members to voice "unspoken things." Her objectivity allowed for a more positive evaluation of family members. "Entering into the family's fun" by the therapist was a positive experience for the family. There was greater assurance when it was felt that the therapist was "with you" in the sessions.

The therapist's interactions with family members were described as attending to each family member and encouraging expression of each member's opinions about the situation or about each other. The therapist was said to occasionally speak in place of a family member to allow an opening up of communication or freedom from the fear of self-disclosure.

> "... the therapist will ask the question she thinks my daughter should be asking ... someone to ease (her) along to the point where she can vocalize what her inner feelings are."

Although communicating with each member individually, the therapist was also said to be observant at many levels simultaneously, as in being aware of the impact of one person's statements on the other:

> "even though she was talking to me, she must have seen his frown out of the corner of her eye cause she turned to him and asked him what his frown meant in response to what I had said."

The therapist's powers of observation included the patterns of habitual interaction of the family members and thus enabled her to give insights into the habits of response, and to increase attentiveness and sensitivity to "the triggers" in the relationship patterns.

Regarding the direction of the session, the therapist was generally seen as "taking charge when she needed to" or as "one or five steps ahead" but "waiting patiently" for participant to "catch on" rather than being directive and making decisions for the family. The therapist was seen as promoting both direction and choice in methodically "picking apart " problems. Initiating the process of the "unpeeling" of the issues by "just starting to ask questions", the therapist's questions served to guide the family and allowed them to make connections and arrive at solutions. The therapist was described as not avoiding difficult issues, and as "working hard" to bring them into the open. The therapist was occasionally seen as showing selective attention to issues, due to personal interest, "getting side-tracked" or because of time constraints. The therapist's ability to "sense the mood" of the family, of being "psychic, she just seemed to see right through me", was of great interest to the families, and was seen by them to facilitate her asking the "right questions" and consequently to promote the families' communication of the issues as well as feelings associated with them.

The ability of the therapist to give a "new" or "proper" perspective to a situation resulted in a "more positive approach" to the situation and allowed a "stepping back" from over-involvement or from taking on the responsibility of the other family members. Closely tied to this was a refocusing or allaying of the predictable blaming occurring within the family. Being given a different perspective on an individual's behavior created a new awareness of that individual, and in some cases enabled family members to "bring out more negative feelings" because the chance of being understood was greater.

The therapist was described as accepting of negative feelings and as able to handle intense emotions displayed by family members. Acceptance of the expression of the "real self" was described by one participant as:

> "if you have to watch every word you say, it's not going to work. If the therapist sits there and you get angry and you say ____ and they freak out, it's not going to work."

Reciprocity in tone and words used by the therapist was felt to facilitate a feeling of true acceptance of the individual.

The theme of feeling accepted and understood by the therapist was an important one. It seemed clear that acceptance led to a feeling of safety which led to greater self-disclosure which in turn aided the therapy process. The deep need for the therapist to "see through" one's defenses which were variously described as "smoke", "mirrors", "aggression" and "a wall", was emphasized and was described as leading to a "stirring of hope for self-acceptance."

Attributes

The families frequently made reference to inherent or desirable attributes in the therapist which contributed to the therapy process. These included the therapist as being straightforward, "direct" and non-evasive in not avoiding either issues or individual family members, but also "knowing when to push and when not to." Although thought to hold the position of expertise (described in one case as "the manager rather than the employee"), a main requisite of the therapist was to "guide rather than overpower" the family with ideas and suggestions. Taking the initiative and being " innovative" with ideas was considered important.

The ability to establish trust with the therapist was another recurrent theme. One individual described her relationship with the therapist as "it allowed me to trust ... where I hadn't trusted before." It was important that the therapist be perceived to be trustworthy, believable and credible. Trust in the family reciprocated by the therapist, or the therapist having "faith in the family", permitted a feeling of safety in the relationship with the therapist which was crucial and engendered "hope" in the process.

Sensitive to both the moods and needs of the family members, empathic, warm, supportive, "fostering", "mothering", "concerned" and "encouraging" were other descriptors of therapist qualities. These qualities permitted the families to "let go of the facade" and enter into a therapeutic relationship. Being non-committal, objective, non-judgmental and exerting a "calming influence" described the therapist's response to family difficulties. The therapist was also expected to be self-confident, determined, disciplined, accepting of strong emotions, and able to handle aggression within the family sessions.

Only one family mentioned the "training" of the therapist as a key component. This family had had the experience of "student counsellors" and found the more experienced therapists to have better skills and to be more "slick" or "polished" in their style. Most families commented on the differing qualities of therapists they had encountered, and the potential for the therapist to "hurt as much as help." The "right" to find a therapist who was compatible was a conviction of the families, who agreed that it was necessary to "follow your own inner wisdom about that sort of thing" regarding their evaluation of the therapist's abilities and attributes.

Attitudes

A distinction was made by several families between a "human" versus a "professional" therapist. A human therapist was described as a "softie", a person one would go to for support and guidance in making one's own decisions. Professional therapists were described as more like "robots" and a "computer program", to whom one would go "if there was something definitely wrong with me." Professionals were seen to be "more difficult to manipulate to my way of thinking." A perception of the therapist as human was important, although there was a recognition that 'professionalism' served as a protection against the drain of the profession. A balance between the two aspects of the therapist was felt to be needed, because professionalism denoted an objective stance while human-ness connoted "vulnerability" and an openness to other's human-ness. The therapist showing her human self was said to not often occur, but there was value in the therapist "losing" her self-imposed restraint: the experience of the therapist as "human" fostered acceptance of the self as human.

An expectation of the therapist was that she would focus on the problems of the participants and not bring her own problems into the therapy session. One person stated succinctly:

> "I feel that the therapist is a human being with as many problems as the client. But, at the same time, being a professional in that business, I think you have to have a professional approach to your work whereby you are aware of your own issues and you are aware of your own problems. And you don't contaminate other people with them and you don't contaminate the process with them. Now, I mean we're not asking them to be superhuman, but I think that's part of your professional training to know yourself, to know your own struggles and not to reflect them on your client."

Several family therapy sessions were remembered as being influenced by the therapist's own personal issues and "state of mind." A therapist "feeling in control of events in her own life" resulted in more therapeutic sessions for the family.

However, the families expressed understanding and even compassion for a therapist having a "bad day." A therapist's frustration due to her perception of the family's slower than anticipated progress was empathized with by the family and perceived as "fair" by them, even though the family was pleased with their own rate of progress. Another therapist's haste in prescribing solutions met with reluctance on the part of the family, and was discussed in the next session as resulting from the therapist's frustration with repetition and lack of change in the family process. This was also acknowledged as valid by the family and was instrumental in starting the process of change.

Effects

> "The effects on me were really dramatic, I had lots of things to work on. It has dramatically helped our relationship. But at a more personal level, it's really helped me and my relationship with all people. I'm much more comfortable dealing with issues from people at work, and certainly it has helped dramatically my relationship with my son. I share my feelings and listen better to him. So for me, it has been quite a dramatic change in all aspects."

> "There were two really positive effects, and that was that I learned to look at us in an interactive way ... And so I learned to see the patterns instead of going for blame ... To see how we assist each other in our negative or destructive patterns, or even our positive patterns, for that matter ... And, how they could be changed, or how they could be improved. Or even what some of the good ones were, you know, cause we weren't even aware of the good ones that were working well."

The families were unanimous in acknowledging that their experience of family therapy had effected significant changes within themselves and their families. Changes were evidenced in family relationships, communication, expression of feelings, perspectives of each other, and self-acceptance.

Changes in family relationships were recognized as being both mutual and reciprocal. That is, changes in the individual resulted from changes in the family, and changes in the individual resulted in changes in the family. The changes included a new validation of each other as individuals and as family members, an increase in family intimacy and trust, a change in family standards of behavior, and a decrease in "fighting" between family members. A greater awareness of both positive and negative patterns and interactions, and a sense of family members as a team or "partners in the same enterprise" replaced a focus on the "deficiency of the individual."

Changes in communication were said to include improvements in both listening and talking, including learning restraint in negative communications and the intensity of these. One teenager described her perception that her communicating in family therapy was of no direct benefit for her but possibly did benefit her parents because "they knew what I was thinking and feeling", with the results that her parents started to trust and "believe" in her.

Changes in expressions of feelings included learning control as well as learning to express emotions. Several families described how they learned to control their expressions of anger towards family members, with increasing skill in communication a key factor in gaining control of the anger. One family described this as a circular process, in which a decrease in anger resulted in a "less cluttered head" which improved listening and communication, which resulted in a further decrease in anger. In terms of learning to express feelings, one family member described the "power" and "strengthening" he experienced due to his increased ability to relate his feelings. He described a reciprocal process of "I could express things better because people were listening better." The ability to express or release one's feelings was related to an increased sense of self-worth, with less pressure, less worry, less "confusion", and more patience and sensitivity with oneself and others.

Changes in perspectives arose through family observations of the interactions of family members and the therapist as an "outside" person. These created new insights into family members, validation of each other as individuals and family members ("she's learning to accept me as a real live person"), an awareness of maturation and strengths of the teenagers (particularly), with a result of the parents being more able to "let go", and a recognition of the "rights" of all family members. New perspectives were also gained of the family situation, with the positive effects of reframing of the situation helping the family to think in a similar positive manner. A new attitude toward life was spoken of by one family as "let's just take things as they come instead of being afraid ahead of time."

Lastly, significant themes of change related to family members gaining greater self-confidence ("I now value my own ideas - they are not all bad"), self-respect and self-awareness ("I'm more at peace, more content with life, happier") through self-acceptance ("through understanding me. And accepting me"). These highly significant themes will be discussed in greater detail in the following chapter.

Exit

> "I said to the kids, 'You know, I think we're better because I don't have time for this anymore. I can't be bothered for this. I used to live to get down here'."

> "Finally I said 'I don't want to be here (family therapy) any more. Let's do some living.' Like that feeling was very clear to me."

> "We were comfortable with where we were. And in our family stuff, we had learned enough, perhaps, that we felt we could practice, improve on what we had learned on our own. And also, of course, we knew we could come back at

> any time ... If we were in crisis or if things got more than we felt we could handle, we would feel welcome to come back any time. And I think that allowed us to leave, also."

On the pragmatic side, funding issues often determined the length of time in therapy and thus the ending of it. The families had different experiences with the extent to which Child Welfare financially supported their continuation in therapy. Some reported experiences where the workers corroborated the progress made by the families and extended the funding period; others had an agreement whereby regular sessions were discontinued but could be resumed on an "as needs" basis; others spoke of the discontinued funding as coinciding with the family's desire to end therapy.

On the more experiential side, the families typically found it "difficult to put into words" their sense that they were reaching the end of their involvement in family therapy. However, there was a common view that this end became apparent in both feelings and actions of the family members.

In terms of their feelings, the families shared a sense of being "tired" from the demands of time and energy required in therapy, and spoke of an awareness of reaching a saturation point in therapy where "I was all counselled out." Although recognizing that not all issues had been resolved, the families commented that "most of the really burning stuff had been addressed" and "my mind says that's enough for now." Comments were made about having made improvements to an acceptable point that continued time spent in therapy would not justify the results. Another description was that of feeling finished because a plateau had been reached, "I'll go there and there's nothing to talk about ... I walk in there at peace" or ""I can just sit there and talk about things in general."

A greater sense of self-sufficiency in being able to handle their own issues and of being less reliant on the family sessions, was also realized by most families. One member captured the essence of this in stating:

> "But towards the end, I gained some sort of self-confidence and a feeling that you really need to work on your own and you don't need to be there (family therapy) right now, anymore."

With regard to actions, the families expressed a desire of now "putting words into action" and "It was like I've had enough of talking, let's do some living now." One individual commented:

> " I really didn't want to go back for a while because I want to work on some things. And I've got a whole bunch of new insights and ideas and I need some time to work through and experience them and try and grow on my own."

Observable improvement in family relationships, communication, acceptance of each other including recognition of individual rights and responsibilities, and the ability to express "strong emotions to each other" were cited as other reasons for leaving therapy. Successful resolution of the referral reason or problem situation also signalled the ending of therapy. Most families spoke however, of wanting an option to re-engage in therapy if necessary, and that the "safety" of having this opportunity facilitated their decision to end therapy. Some families anticipated future crises, with a re-involvement in therapy perceived as being a means to deal with the new crisis.

There was common agreement that leaving therapy was not a specific event but was viewed as an "ongoing" process where "being finished" was a hypothetical concept. The families' exit from therapy was not seen as an "endpoint" to a period of their lives as "things go on and new challenges come up."

An optimal exit criteria was movingly expressed by one person as being:

> "when all members can communicate freely without fear of being jumped upon, abused, or laughed at, embarrassed. When they can do it freely, speak their own thoughts and their own feelings, and on the outside, when you can carry those same emotions, feelings, thoughts, from the safety from fear, then you are about there."

External

> "I wouldn't say that we gained too much from therapy that would stick on a long term basis because I think we have to mix what we learned in the therapy with practice, our own practice. And if we're not doing that, we're going to lose it."

> "I was really scared when our time with family therapy was done. I thought therapy was going to stop and the good stuff was going to stop. But I keep getting surprised that it's still going on."

> "I think one of the most important things out of therapy, at least for (daughter) and I, is something that happened after the therapy process was finished ... But I feel like it really was because of the work that happened in therapy, that I was able to accept her as the person she is, with a right to be heard."

Most families spoke of the experiences and effects gained from being in family therapy as having at least "some carry-over" and as being an ongoing process in their lives outside of the therapy sessions. Some families claimed greater benefits outside of the sessions rather than in the sessions themselves. For example, "candid" discussions at home were generated by family therapy sessions where communication was more reserved or guarded, or where family members were less reticent to express themselves fully. For other families, verbal agreements between family members made in session didn't necessarily translate into consequent actions, i.e. follow through from the therapy session was not always evident. However, the main consensus was that the positive effects of being in family therapy were maintained after the sessions were finished. These gains were described as feeling closer to family members, having greater self-confidence in the family and at work, being more self-assertive ("If you don't like what I say, tough!"), continuing positive changes in relationships and "healing relationships in general", and having more trust in others. New skills had been learned that could be applied to different situations but there was a sense of the reality that it was an impossibility to resolve all issues, and there was an awareness that new issues would arise. Finally, there was a recognition and sense of responsibility and initiative on the part of the family to maintain and implement the new learnings that had taken place, to the rest of the happenings in their lives.

One family member appeared to speak for them all:

> "I mean it will never be the end because you'll always be changing, and what you learned in therapy you will apply to something else. Well, maybe this won't work but this will ... And you learn how to accept new situations, new crises, whatever."

V. RESULTS: ELEMENTS OF EMPOWERMENT IN FAMILY THERAPY

To reiterate, the source of the data was the families' descriptions and insights of empowerment as experienced by them within the context of family therapy. An assumption of the researcher was that empowerment should be a vital element of family therapy. However, what was not known was what the process was, how it happened, and when it happened. Thus, although the researcher was sensitized to the construct of 'empowerment', elaboration of this concept being the major focus of the research, at no time was the word "empowerment" used in the discourse with the families, and they were encouraged in the initial interview to relate their experiences of family therapy in general. But in order to capture the essence of the construct of empowerment, the researcher narrowed the focus of the second interview to elicit additional information about it. This was accomplished by relaying back verbatim to the families their own spontaneously offered words and experiences descriptive of 'empowerment', and requesting extension and elaboration of these. Thus, the following concepts emerged from analysis of the participants' own beliefs, perceptions, and experiences about the nature and process of empowerment.

From the evidence obtained from the families, a paradigm of empowerment in family therapy emerged. Elements of the paradigm included the outcome as well as two distinct but interrelated processes of empowerment. The first of these processes was the movement from a position of disempowerment to a position of empowerment, conceptualized as the **evolution** of empowerment. The second was the basic psychological process accounting for this movement, conceptualized as the **essence** of empowerment, which emerged as the process of Discovering Self. The outcome or **effects** of Discovering Self, became evident as the expression of self. Finally, the **existing potential** for everyone to become empowered through Discovering Self was verified by the participants.

In order to fully appreciate the essence of Discovering Self as related to empowerment within the context of family therapy, it is important that the evolution of empowerment within the same context be described, as well as the effects arising from it. Thus, major themes from the participants' narratives regarding the evolution of empowerment will first be presented. The following sections will then portray the essence of empowerment as it emerged in family therapy, the effects of empowerment, and the existing potential within. Finally, illustrative examples will be given.

Evolution of Empowerment

"It's a constantly evolving process, like something that grows."

Several major themes became evident regarding the evolution of empowerment. These included empowerment as being a process rather than an end product, and as evolving along a continuum. Rather than arising from single or discrete events, empowerment was portrayed as a process which was continually evolving and which involved "maturing and growing." Points along the empowerment continuum consisted of positions of disempowerment, transition, and empowerment. Sources of disempowerment were described as being both internal and external, and experiences that promoted movement along the continuum were recounted.

Empowerment as an Evolving Process, a Continuum.

Participants described empowerment as a process which "took a long time to come ... months and months of therapy", or:

> "But it was only after three or four sessions, that the feeling good, the way I saw it was affirmed. That it was okay to do this, it was okay to feel this way."

Becoming empowered was not an easy process, nor an automatic one. Factors necessary to the process were said to include "effort", "work and determination", as well as a conscious and deliberate "commitment" to the process. The feelings associated with being more empowered were motivating in themselves and promoted continued effort as "there was no way I was going to risk going back to what I was."

The process was not relegated to a particular critical situation or single transforming event, rather it was described as "a whole bunch of little things, I don't know if you can just put it down to one or two things that happened." The process was represented as "a constantly happening process, it still goes on", revealing empowerment as a progression which did not necessarily reach a definite or defineable endpoint. The inference that empowerment was a dynamic, ongoing progression rather than a static endpoint achieved was shown in the statement that "sometimes it slows down but then I'll do something or I'll say 'these things happen' and I just go right on." Another participant described his sense of the tenuousness of the process as:

> "(feeling) happy, scared ... scared that you were getting too cocky and next time you were going to go fall down flat on your face."

The Continuum: Disempowerment, Transition, Empowerment.

The words of the participants best define and richly convey the feelings associated with the positions on the continuum. Thus, these words should stand alone.

The position of disempowerment was described as:

> "I came into (family therapy) feeling no sense of strength or power at all, just helpless, defeated, bewildered, frightened and victimized ... and there really wasn't any place else to turn."

> "I had a sense of self, but it was so beaten, downtrodden. Self-image was nothing, self-esteem, what was that? Ego, what was that?"

The transition phase, of moving from a position of disempowerment to one of empowerment was described as follows:

> "What I felt like when I first came in here, victimized, angry, and helpless, to now - it's a gargantuan leap."

> " I felt walked on since I was three years old. I've always felt used, walked on, humiliated, like I was no ___ good to anybody. And I was 34 years old or 33 years old before I finally said, "Yes, I am good for somebody. I am good for me. I had to get rid of feelings and I had to get rid of the voices saying to me

> inside, 'You're no good for this. You can't do this. You can't do that' ... Every time I hear 'you can't', I say 'hey, I can'."
>
> "Our family could have totally broken apart or come together, and thank God, it came together. Because I became strong enough in me to say 'It's not going to break apart'."

Empowerment was described as:

> "It's like just a feeling inside of you. And it sort of fills you up and it shows on the outside too ... become more vibrant, alive ... sense of wholeness."
>
> "I felt a sense of awe in myself, and the world about me ... my whole outlook on life changed ... something out there that was good, had a glow on and it was meaningful. But I couldn't explain what it was doing to me, it was a bursting of the soul almost, you know, like you're blind for 20 years of your life and all of a sudden one day you wake up and you open the door, and there's sunlight, and you see everything, but you feel it with your eyes."

Sources of Disempowerment.

Sources of disempowerment were both internal and external. The internal source of disempowerment and then empowerment had to do with the 'self', disempowerment involving having no sense of self, transition involving a sense of self emerging, and empowerment involving a new expression of self. As this process of Discovering Self forms the essence of empowerment, it will be dealt with more fully in a later section. External sources of disempowerment had to do with events primarily, and in this particular context included events associated with the families' personal situations as well as the systems they were involved in, namely, Child Welfare and family therapy.

With regard to the personal situation, most families spoke of the sense of being overwhelmed, defeated, and traumatized by their lived experiences, and/or by the experiences they were currently facing both as a family unit or as individual members within the unit. Speaking of his past experiences, one member said:

> "I come from a large family and everyone else had their problems first. Then if there was time left over, I got dealt with."

Another spoke of the ordeal of her current situation as:

> "I was particularly struggling, because, in some ways, I was what you might call the victim of the situation. And, that any damage that was being done in the relationship, was being done to me."

One family spoke of becoming disempowered by being placed in a difficult situation:

> "Well, we were definitely solid as a family before we took her (teenage daughter), and we knew when we took her on that it was going to be a problem ... But we just figured, when we took it on, that we could handle the problem and that we would make a big difference to her ... (instead) I felt down-trodden, beaten-down, victimized, and all those things by the situation."

Most families spoke of the loss of hope of improvement in family relationships, and the continuing "negativity" and "destructive thinking" within the family, as sources of defeat and disempowerment which led to the point of feeling "like giving up, like why am I trying?"

External systems the families were involved in also contributed to these feelings. Those families that had had difficult experiences with Child Welfare spoke of their sense of futility and insignificance:

> "I don't have any power, I was just, you know, me, and (Child Welfare) didn't even try to understand me."

> "Like when you start going up against Child Welfare and stuff like that, like they've got the power, they've got the pull. You're nothing."

Others described their feelings "being on the spot", and judged for their competency. As one individual stated:

> "I just felt like they (Child Welfare) had already condemned me so why waste my time and energy to change their minds."

Family members spoke of being overlooked, and left out of the process with Child Welfare, with a sense of being "done to versus done with." The family members spoke of being left out of the decision making, whether it was apprehension or placement of their children, funding for therapy, choice of psychologist for assessment, etc. Child Welfare in "a position of power" led to the families' disempowerment by the system, which left the families feeling "angry, hurt, rejected."

Some family members experienced disempowerment within the therapy situation. Much of this had to do with relinquishing power to the therapist "as expert", or having little sense of their own potential or significance in their situation or within the therapy relationship.

Members spoke of feeling "a power differential" between themselves and the therapist:

> "because no matter how we like to think that these sessions are client-centered, they're not, because the therapist does have more power in that situation, always, in terms of the pace, in terms of what is dealt with, in terms of switching topics, the therapist still has more control over what goes on in the session."

Others felt differently about the power differential, with their view best expressed by the following:

> "It seems to me that the therapist must have the upper edge, must have some semblance of control over the meeting. Like, it's almost as if they're chairing the meeting. Because in theory they should have more knowledge, and more awareness, and more understanding of the situation and the process. And have to exert some influence and control over it. And maybe at times, their judgment isn't correct or they make errors for the individuals, but it seems to me they have to do that. They can't let it wander on the client's agenda because I think many of the clients come there to address their problems, but would love to spend the whole hour avoiding all the issues."

However, too much directiveness on the part of the therapist was felt to be disempowering as "it made me feel that I didn't know much", and "no one can know what I've been through", conveying the message that unless one had experienced a similar life situation, one was at a disadvantage in prescribing solutions.

Disempowerment within the sessions was said to also occur when the therapist was perceived as taking sides, as "it felt like two people against one to me." Several teenagers felt that the parent had the "good side" of the therapist, which led to the teenager's sense of unimportance and subsequent withdrawal from participation.

Some family members described disempowerment as arising from an inability to respond within the session with the strength of one's own convictions. This was because:

> "at the time it was happening I was so vulnerable, and so perhaps even needy, that despite the fact it didn't fit, I didn't challenge it."

Another person stated:

> "I realized that there were some things going on there that had bothered me. And how I had dealt with them was to give the power to the therapist too much and blame myself in the sense that I wasn't conforming to what was expected of me. ... I didn't say 'Wait a minute, I don't believe that', okay, instead I said to myself, 'What's the matter with me?'"

'Losing' oneself within the process resulted in "residual anger", withdrawal, and for some, physical manifestations ("my stomach tells me"). However, most members agreed that it was not always immediately obvious to them when they were giving away their own power or convictions, and that they often became aware only after reflecting on the session. For some this meant "challenging the therapist" in order to regain a sense of self, however, a more typical reaction was that the issue was "not worth" raising again.

Sources of Empowerment

> "Sort of like melting the ice, or melting preconceptions, melting thoughts, melting patterns of unhappiness."

As the concepts of empowerment in this instance arose from the context of family therapy, the participants' descriptions of those experiences which enhanced the evolution of empowerment will be touched on. Although various experiences were described by the participants, the following are those which were more common to the families, and thus are are more representative of the shared experience.

Situation - Related

1. Normalizing the Situation

> "It sort of reinforced the fact that we had a right to be here, and we had a right to be in so much trouble. And, instead of feeling like somehow I'm deficient as a person, I discovered that anybody would be in really serious trouble if they were faced with the same issues."

Normalizing the situations the families were facing by validating their "legitimate right to be in trouble" was seen by the families as a "strengthening" experience. This, together with the discovery that other families would have similar difficulties if in a similar situation, did much to shift the focus from one of deficiency and blame to one of:

> "reinforcing the fact that we had some really serious challenges, and we were doing very well to meet them in what ever way we could."

Legitimizing the families' difficulties in light of the current family situation as well as the experiences they had "survived", implied acceptance and understanding on the part of the therapist which generated more of the same amongst the family members:

> "It took all that heat off us as individuals who were to be blamed, or who were deficient, who were, you know, dysfunctional ... and it turned us into a team ... partners in the same enterprise, if you will."

2. Strength versus Deficit Emphasis

> "Instead of blaming yourself for everything that is going wrong, you begin to realize that while there are lots of problems, you begin to have an objective third's eye view of what's going on. While there are all these problems, there are also all of these strengths ... And so, sometimes you have to get outside yourself to find the strengths in the midst of all the difficulties ... And so, by emphasizing the strengths, then gradually you find ways of redefining the problems, so that they become more 'cope-able'."

Closely tied to the validation or normalization of their difficult experiences was having emphasis placed on the strengths rather than the deficits of the family and its individual members. This had the effect of increasing the awareness of ways in which families had already coped with their difficulties, and stimulating the search for different ways of using their newly recognized strengths and competencies.

3. Coming to Terms with the Past

> "I gained an ability to look toward the future instead of behind me ... by dealing with the behinds. By accepting that it happened, it's over, it's done with, get on. I was able to get rid of a lot of self blame and guilt and when you do that then you're able to say, okay - it's over."

Coming to terms with the past was described as giving "hope for the future." A common theme was that this was a process whereby past events were allowed to surface and be remembered, in spite of the pain. Facing the events of the past, recognizing the "blocks" they had placed on current living, had the effect of helping to "clean me out, so that I had more room for positive emotions instead of negative ones."

4. Connecting and Owning Emotions/Feelings

> "... because I was always afraid of being angry, as if I was afraid to reveal my feelings, or I was afraid that I might actually hit them (family members). And (being able to express anger) showed, like it proved to me that I could get angry and it was all right ... that somebody's feelings might have got hurt for a few minutes, but it didn't really destroy them ... and I could do it without hitting somebody."

The release experienced from the freedom to connect with and express one's true feelings was described as being"really kind of exhilarating, you know, like a sense of power, of satisfaction." Sharing one's emotions was part of sharing one's self, which led to a greater awareness and acceptance of self. Having positive feelings about one's self was described by many participants as being a "new experience", and "so nice to experience you became more willing to do things to get those feelings."

Others - Related

1. Belief in Self by Others

> "(family therapist) was one of the few people who seemed to believe that what I was saying was real, and I occasionally needed someone to tell me that yes, you know, this is real. You are not crazy."

Family members spoke of the "pressure being taken off" when they were able (sometimes for the first time) to confide their feelings and perceptions of situations without being told they were "wrong, or imagining it or whatever." Being believed in by the therapist in spite of a lack of belief in themselves was affirming, and was described as a "supportive, growing thing - encouragement to carry on and keep trying." One participant stated:

> "I don't know of any other place where you can get such steadfast, objective, calm belief in you as a person, as you can in therapy."

2. Acceptance by Others

> "... the attitude of acceptance that we received in therapy ... And then that began to spread around. If the therapist can accept then maybe, you look around the room and the other people in the room are accepting the biggest problems or the deepest, darkest accusations that you have. And instead of accusing, expressing your deepest fear as an accusation against somebody else, we found that it was safe to say, 'I feel that this is what you are doing', or 'my perception is', or 'this makes me feel that way'. So we were able to discuss our feelings without landing it on somebody else's lap, and the other person didn't have any need to become defensive."

Closely related to the experience of being affirmed and believed in was that of being accepted by the therapist, and consequently by other family members. Family members concurred that part of the important process of therapy was discovering that one "counted" as a member of the family, and that each had "a right to their own feelings even if they're not logical." An important element of being accepted by others was "accepting me for who I am and not other peoples' expectations of me."

3. Being Listened to and Understood

> "(son) was finally given the credibility of somebody listening to him and to what he was saying, and hearing him for what it was worth, and trying to understand it. Instead of just, 'Oh well, that's just (son)' ... It made him feel credible. It made him feel like he had a right to exist too ... To him it was a

> sense of empowering." ('what do you think "empowering" means to him?') "Life, a right to exist."

The tremendous significance of being not only listened to but 'heard' by others was a recurrent theme. Being understood by another resulted in greater personal well-being for the individual, and for some, encouraged continuation in the therapy process. Having "someone take the time to listen to you" promoted further self-expression as "it made it easier to say it again." The therapist's modeling of listening and understanding promoted the same in family members so that "we didn't interrupt her and cut her off, she could actually finish what she was saying without being attacked or something." One teenager spoke of gaining"power" through being listened to and understood, his definition of having power as being accepted for who he was.

Action - Related

1. Generating Choices/Options

> "... through looking at different points of view and putting it into a different perspective, we could come up with new options, or new ways of looking at things. And that was, a sort of, freeing up ... instead of being locked into old patterns."

The ability to generate new options was described as "uplifting." The consensus was that family therapy functioned to increase the number of options by changing the perspective of the problem situation, which increased the number of available choices within it. The participants spoke of coming to recognize their own abilities to make choices about their own behavior.

2. Making Decisions

> "I guess when I came in here for therapy, one of the things I wanted was help, a magic wand, or something. And it became pretty apparent pretty quick that

> nobody, nobody was going to do any of that kind of stuff, and right or wrong, I would have to decide what I am going to do."

The families spoke of gaining "strength" in decision-making with the realization that decisions were theirs to make, and not the therapist's. That one was "supposed" to make one's own decisions and "that there was no escape from it", led to an increased sense of control and involvement in decision-making, which was viewed as empowering: "I made decisions on things I didn't even know that I could make decisions on by myself."

Essence of Empowerment

> "... the discovery process is carrying on, constantly. It's like little miracles all the time."

As previously stated, the nature or essence of empowerment within a family therapy context, emerged as the basic psychological process of Discovering Self. The core of the process of empowerment was one of discovery, with the elements of the discovery consisting of Self as Covered, Uncovering Self, and Discovering Self. These elements of discovery were linked to a natural and sequential progression of empowerment: disempowerment was conceptualized as Self as Covered, the transition process was conceptualized as Uncovering Self, while the essence of empowerment was conceptualized as Discovering Self.

These constructs were beautifully and movingly conveyed by the participants in the following words:

Disempowerment: Self as Covered

> "You might describe it as, being in an immensely cluttered room, and the clutter is so close, that you can't even move. And there's this thing there and you push at it, and it just sort of stays there, and you try to reach through it, and

> more falls down on top of you. And the harder you push, the more stuff falls down on top of you."

Disempowerment to Empowerment: Uncovering Self

> "It was like a gradual, you might say, peeling back the layers of criticism and being 'no good' and finding what's inside, and respecting what is there, within you. And you felt satisfied and exhilarated by all that and kept on going."

Empowerment: Discovering Self

> "I found out that I had an inner "Me", that had been all locked up, and all hidden away. And it was really scary, but I discovered that there was this person that had never been able to grow or express herself. ... The minute I finally was able to open that last locked door, and look at it, this was really something special. It was somebody incredibly beautiful. Tiny, started out as an infant, glowing, warm ... so that was part of the discovery ... The first look at that tiny, little girl, buried underneath all this garbage and sewer that she was hiding under, she was so beautiful, and so pure, and so glowing, and so pristine, and so perfect. And it was such a sense of such glowing warmth, from just even an imaginary glimpse of that existence, that being."

> "It's stronger than self-awareness, it's self-discovery, discovery of the very central nut and kernel of your existence. Then after discovery, comes knowledge and awareness."

Effects of Empowerment: Expression of Self

The effects of the discovery of self were revealed in the expression of self. Many facets of self were identified and shared by the participants as they spoke of their process of discovery and the nature of what they discovered. Although these facets of self were inter-connected and reciprocally influencing, their expression can be depicted as being both internal and external, internal having to do with an inner expression of self, external having to do with an outward expression of self.

Internal Expression of Self

The contrast between the expression of self as covered (disempowered) and discovered (empowered) was striking. In order to get a full sense of this contrast, the participants' own descriptions will be used. The first quote represents 'self as covered', the second 'self as discovered'. The power of the voices of the family members and the eloquence with which they expressed themselves leaves little room or need for further explanation. To add to or interpret their words would likely be a disservice to those who have spoken them. Thus, minimal comments will be made, as each reader will be impacted in a unique way by the words of the participants.

Self-Identity: Covered and Discovered

> "I have really been focused all my life on being a non-entity, a non-person. I didn't exist. I had no value. And that had been constantly reinforced since early childhood."

> "You're a person. You have a right to be. You have a right to make mistakes. You have a right to achieve. You have a right to love. You have a right to hate. Because you are. You exist. You are. You're real."

Part of having no sense of self was having a false self-identity, a covering of the real self, of being 'not-self.' One participant described it this way:

> "And to learn to fight, and fight very, very well, against the things that are going to be hurting you. Like learning to lie to the rapist so he doesn't kill you-he drives you home. Learning to memorize all your high school work so you can get high marks so your Mom and Dad won't know that you're not interested in this stuff. Learning to play the piano well so they'll admire you

> whether you like it or not. These are things that you put on, it's an armour, a cloak."

Self-Awareness: Covered and Discovered

> "When I started seeing the therapist, I didn't have a clue who I was ... Or what my needs were, or, or anything like this ... Through therapy with her, I got to find out who I am."

> "And then I found out that I don't have emotional discrepancies, I have great sensitivities and strengths."

Self-awareness included awareness of new strengths and use of new or existing competencies, as well as the knowledge of the "rightness" of self-generated solutions, and a growing confidence in self as self-expert. Individual self-awareness was felt to positively contribute to awareness within a relationship.

Self-Worth: Covered and Discovered

> "... the victim. Everything happened to me, all the bad things happened to me. I deserved all the bad things that happened to me because I was rotten as a person. I was a no-good human being. I didn't live up to my expectations of myself or anybody else."

> "Well, it makes you feel good. It's as if you've got something worthwhile to say, that the other person values what you're going to say, instead of it just, sort of, going in one ear and out the other. That helped my self-confidence, and my sense of worth."

The emergence of self-worth was also shown in the contrast between one participant's comment that "I felt like I was being punished for who I was", and another's statement that "... if they say there's a little bit of God that lives in all of us, then, that's it."

Self-Acceptance: Covered and Discovered

> "Because I always felt all my life that if I made one mistake then I was a total screw-up. Like I had really high expectations of myself and I never measured up and that's why I always felt like a ____."

> "... first of all realizing who I was. The reality is, that originally I had created an image of myself, that the 'true image' of me wasn't what I really was. And so it took time to realize all my flaws and all the things about me that were different than my own perception of myself. And as I became more aware of who I really was, and started to like and accept myself for who I really was, at that point I could then start liking other people, or treating other people as more real rather than putting images on them that weren't really what they were. It's a long slow process of self-realization and then being able to apply that to other people and let them be who they really are."

Self-acceptance was said to entail "hard work", the hardest part being "accepting my mistakes. And not feeling guilty about them." The consequences of accepting oneself was that "as I stopped criticizing myself, I was able to dig deep", that is, explore the impact of past experiences and come to an even greater appreciation of self.

Self-Affirmation: Covered and Discovered

> "And I know that I stood on the stand and told the truth. And the judge said he was free to go. So, I thought, gee, you know, I guess I don't count."

> "(family therapist) believed in me from day one. When she was a stranger. And then as she got to know me, she still believed in me. So, if she knew me and believed in me then I should believe in me."

A positive self-reference and belief in one's self "wasn't a natural process. It's supposed to be, I guess, but it wasn't for me", because of the negative influence of significant others or past experiences.

Self-Confidence: Covered and Discovered

> "I come from the side where, from my family of origin, I'm used to being told everything, used to being told what I think ... And so, for me, the concept of having self-confidence, or of being an expert on myself was very foreign."

> "I've now got self-confidence ... I am who I am. I do what I do because I think that is the right thing to do."

Most family members spoke of a "gradual" building of self-confidence, and a gaining of other strengths through being self-confident, without which "you're going nowhere."

Self-as-Capable: Covered and Discovered

> "I was feeling woefully inadequate, very much a basket case. So I needed someone to tell me I was okay."

> "I'm just not afraid of the world anymore ... I guess I found out that no matter what they throw at me there's always a way of handling it somehow."

A greater sense of competency meant being able to "tackle some things that were more important and more involved", or "doing things I never dreamed I'd do." Also involved in this was the element of taking a risk or trying something new. The significance of the process lay in discovering one's own capabilities, rather than "being told what I could do."

Self-Expression: Covered and Discovered

1. Verbal

"I never said what I felt."

"I think in expressing ourselves to (therapist) we discover things about our self that we hadn't stumbled over before. And when that's a surprise to the person and the therapist simply accepts that and carries on and builds with it, then you find out that there's nothing you need to be afraid of, that you're a real person. It's okay, you're here."

2. Feelings

"So what do you do with those feelings? You're little, you internalize them. And you're young enough, and it happens all the time, you internalize them so much that can't find anything of "You" left. That, that kernel of you is covered up. With the anger and the defences."

"I was able to express how I was feeling this time, and it went over pretty good. The next time I might do it even more, because the world hadn't ended when I did it last time."

Verbal and emotional expression were considered to be inter-related, as one participant stated that "I think maybe I'd been trying to find a way of letting go of some of this anger and this (verbalizing) was one way of doing it." Another stated about his wife: "And the degree to which she talked was the degree to which, to how much she was open, to allow these thoughts or feelings to come out."

Self-Control: Covered and Discovered

"I was out of control, I was just reacting, and fighting."

> "Because you accept yourself more and then once you accept yourself, you control yourself ... control your anger, control your emotions, everything you do."

Self-control was related primarily to control of anger. Anger was typically viewed as controlling in that it would "pretty well dictate what I would do, or how I would do it, or where I would go." Participants spoke of being controlled by anger because of the fear of the consequences of releasing it. A paradox was apparent in that letting go of anger was really a form of controlling it rather than being controlled by it: expressing anger in constructive ways paradoxically allowed more control of it.

"Gaining control of who I was" was related by several individuals to trusting the therapist and "letting her in", while other participants found that letting go of unrealistic expectations allowed them a greater sense of control.

Self-as-Autonomous: Covered and Discovered

> "When I was a kid or a teenager, I was never let to do things when I wanted to do it. It was always when somebody else wanted to. I had to fit in."

> "And the 'Me' is not a conglomerate of other people around you, their opinions and ideas and responses. 'Me' is, 'Me' exists, not as a reaction to outside. 'Me' is simply there because somebody, or something, wonderful put it there. Which makes me wonderful."

Lack of autonomy also included taking responsibility for other's failures: "my husband screwed up, but I put it on me", which changed to an attitude of "no one person can accept the other's mistakes as their own."

Self-as-Renewed: Covered and Discovered

> "I was in such a fog ... in such a depression and with so little control ... that I just existed from day one to day two ... I don't think mentally I was even alive."

> "That's the miracle of it - I've just begun to live."

Participants spoke of having no future orientation, of not "being able to take action", and of "not caring enough about life to make goals." However, a "renewed zest for life" and a restored "hope for the future" was discovered through the renewing of self.

Self-as-Recovered: Covered and Discovered

> "And the capability always was there, but there was this pattern that had been built up where it was ignoring, like it was paralyzed."

> "(family therapist) helped by going through the motions almost. It's like to pattern a person who's been brain damaged or nerve damaged, and you start moving the legs and the arms like this (demonstrated), for them, and it looks funny. But eventually, they're doing it themselves."

The idea of being ineffectual, losing ability to function adequately, of being immobilized and then recovering, was a shared theme, and as expressed by the participants appeared to encompass all levels of being, physical, mental, emotional and spiritual.

External Expression of Self

External effects of being empowered were considered to be expressions of the discovered self which were directed towards others, and included actions or attitudes. The ones discussed below are by no means exclusive nor exhaustive, but represent those effects common to the participants.

Empowering Others

> "I am aware that part of the process that occurred while I was in therapy was the fact that ... even though it was (his) decision, like I know a lot of times I think

> that maybe I'm the one that talked him into it ... and I think a lot of times I might have been putting pressure on him ... I was aware of it but I just didn't stop myself ... I have to let him make the decisions, and he knows how I feel and I have to let go and let him make the decision, and I think that's probably what I've done ... and that's a pretty significant thing."

The use of new found strengths and understanding to empower others was an intrinsic component of the outcome of empowerment. An important part of empowering others was becoming aware of how one dominated, over-ruled or disregarded the "self" of the other. Learning to value not only one's own self, but also the self of the other was an important learning which had significant effects. One mother expressed it this way:

> "I realized how much I was hurting (daughter) without meaning to, because I wasn't considering her feelings in this. I was reacting according to myself ... I walked out to her and I told her I had to apologize for the way I had behaved. I felt I was doing the right thing. I was doing it for her sake. But, now I understand that I was reacting to my own issues, and disregarding hers. And I had no right to do that. And she gave me the first big beautiful smile I'd seen out of her in years."

New Perspectives of Self and Others

> "He blossomed. He came up with some really neat insights ... it was like discovering that he was an adult almost. ... And it really reinforced any feelings of competence because I don't think that we acted as competent parents. But in some way seeing him as an adult, as a person who was quite intelligent in some of his insights made me think that well, gee whiz, you know, he must have gotten some of that from us."

The effect most spoken of in having a new perspective of oneself and others concerned the recognition of individual differences and "rights" within the family unit. One father stated that he had gone from being in an "overlord" position to now being "only one of three." Contributions from individual members to family therapy sessions as well as to the family, were more encouraged and tolerated, if not totally accepted. The potential for greater individual and family strength was recognized.

Acceptance of Others

> "When I came to accept the flaws in me, I came to accept the flaws in other people as well. Which I couldn't do before either. I couldn't form friendships because I'd find (faults in others) ... But by accepting myself, I was able to accept others, and that opened myself up to others."

Some spoke of their journey of discovering self as being a "gift" which they wanted to give to those who had not as yet experienced the growth and freedom it brought. For several participants, this translated into a commitment to working with those who had suffered similar life experiences. Thus they sought enrolment in courses and opportunities that permitted work with battered women, those having suffered sexual assault, and disturbed children.

External Evidence

> "(older son) sort of left the family when everything else started happening ... Now he's come back, and it's not so much because the problems are resolved, because they're not ... But I think it's because (he) is sensing that there's a real person at home, that he can relate to now."

> "Before all this happened, like I mean, my world fell apart. I'd, if I did anything, I'd get up from the bed and watch TV. That'd be it. Close the door, I just didn't want to talk to nobody, see nobody, do anything. Now I'm out doing volunteer work, I'm going back to school, I'm raising four beautiful kids, I'm making - so far - all their appointments. And I feel loved and I feel like loving."

These statements capture the visible and tangible evidence of the effects of the inner process of discovering self.

In addition, observations made by the researcher during the interviews themselves confirmed evidence of the effects of empowerment in the lives of the participants: self-affirmation, acceptance of others, being listened to and understood, empowering others, and connecting and owning feelings were but a few of the visible effects of empowerment revealed by the participants during the interviews.

Existing Potential

> "I must have had (sense of self) to start with but I had just never drawn on it because it was all covered over with everybody else's saying 'you're no good'."

> "I have all the stuff that's necessary in my repertoire of behaviors, it's just they weren't being used. You know, I think everybody has these pieces in their repertoire. At least, theoretically they are there. If there isn't enough space surrounding them, they get covered with aggression and other emotions, and stuff like that. So there's no way to express them."

Participants believed that the potential for discovering self existed within each one; family therapy was viewed as bringing out the potential for discovery and change that already existed and which the individual "allowed to surface." Thus, family therapy was not regarded as 'giving' strengths and resources, rather, it was inherent resources and strengths that the family therapist was felt to "remind" or "foster." As one individual stated: "I think, through the therapist, that it's the eye-opening experience that I realized these answers are inside me, where I just had to find them."

A general consensus was that the potential for discovering self through therapy was available to everyone, that it was a process that was not restricted by person or by personal circumstances. One individual concluded: "But if I can do it, other people can do it. I'm no better than anybody else. I just had the help to find out."

Examples

Illustrations of both the process and the nature of empowerment as it emerged from the participants' narratives became crystallized as the analysis of their narratives proceeded. The illustrations that arose were felt to symbolize both the nature and the process of empowerment within the family therapy context.

The Evolution of Empowerment: Disempowerment to Empowerment

The analogy of a tree came to represent the evolution of empowerment for the writer. Apt descriptors such as "growing", "maturing", and "living", evoked the development of the tree analogy. The tree was conceptualized in the following way: the trunk of the tree was conceptualized as the 'self', the roots were experiences which influenced attitudes toward the self and which provided the support for the trunk, the branches were the outgrowth or expressions of the self, and the soil was the empowering experiences within family therapy which the roots were grounded in and which provided nourishment for the growth of the 'self'.

To elaborate the tree analogy, the "soil" which the tree was growing in was conceptualized as empowering experiences within therapy, those experiences which were defined as normalizing the problem situation, emphasizing strengths rather than deficits, coming to terms with the past, connecting with and owning emotions, being listened to, understood, and accepted by others, and making decisions and having choices and options. The soil provided the nourishment and nurturance for the roots of the tree which were embedded within it and which formed the foundation for the tree. The "roots" were conceptualized as including the early experiences, past traumas, current life circumstances and events, attitudes and actions of significant others, and emotional "garbage" that was being carried, all of which made up attitudes towards the self. The roots drew sustenance from the soil for the growth of the "trunk" of the tree which was conceptualized as the 'self'. The trunk was either strengthened or weakened by the nourishment drawn by the roots. The "branches" were thought of as the growth or expressions of the self, and represented the interconnected facets of the self, such as awareness of self, self-acceptance, and self-worth, etc., as well as the more tangible expressions of empowering and accepting others, having new perspectives of self and others, and evidence of new actions in their lives.

Further elaboration of the illustration suggests that each tree is individual and unique, and grows and develops in its own way. If richly nourished by empowering experiences, growth will result in a stronger "self", with many expressions of self. If malnourished by disempowering experiences, the growth of the self will be stunted, with little expression or evidence of itself.

The Essence of Empowerment: Discovering Self

The analogy of a butterfly* came to illustrate the essence of empowerment, conceptualized as the emergence of self through Discovering Self.

To elaborate this analogy, the phase of Self as Covered was conceptualized as the 'grub' phase, where the larva or grub represented the 'self'. The larva rooted around in the dirt which represented past and present disempowering experiences, events and attitudes which made up the world as the grub knew it and lived in it. This lifestyle and world view precluded a conception of a 'better' life, and covered up the awareness of the potential for a new identity or a new life.

The phase of Uncovering Self was viewed as representing the cocoon phase. The cocoon was interpreted as the envelopment of the 'self' by empowering attitudes, experiences and events in family therapy. Without availing itself of the cocoon experience, the larva would not reach its full potential. Thus, the larva, with its instinct or inborn potential for a new life, sought this experience and engaged in its own 'struggle' to move through it.

The phase of Discovering Self was conceptualized as the emergence from the cocoon of the larva in its new form, released with a new identity and unique appearance. The butterfly still faced challenges in its world, but lived from a different viewpoint.

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*I am indebted to my mother, Margaret Stinton, for refinement of the illustration of the butterfly.

VI. DISCUSSION

Despite the increasing usage and evident popularity of the concept, there continues to be no real consensus as to what empowerment means. Empowerment is a complex construct, and has been referred to as a theory, a framework, a plan of action, a goal, an ideology and a process (McWhirter, 1991). Thus, the concept is abstract, and has diverse meanings and connotations which are different within different contexts, and which necessitate the study and analysis of meanings within specific contexts.

A single article concerning empowerment in the context of counselling was found in the relevant literature. Although not specifying the parameters of the counselling context, McWhirter (1991) proposed a general definition of empowerment within counselling as:

> the process by which people, organizations, or groups who are powerless
> (a) become aware of the power dynamics at work in their life context,
> (b) develop the skills and capacity for gaining some reasonable control over their lives,
> (c) exercise this control without infringing upon the rights of others, and
> (d) support the empowerment of others in their community (p. 224).

Although fairly comprehensive, this definition has an element lacking in that it does not capture the essence of the experience of empowerment "as it is lived", that is, it does not contain the rich meanings evoked at the personal level of the individuals' experiences, their feelings and their perceptions of empowerment.

Thus, from review of the available literature, it became evident that the concept of empowerment within the context of counselling and family therapy specifically, and the implications of an empowerment approach in therapy, had not been fully explored. These unknowns provided the incentive for the present study which sought to explore them within a clearly delineated population and context. An additional meaningful element was the contribution of the participants who voiced their personal insights and experiences of empowerment within a therapeutic context.

What emerged from the results of this exploration was a common and consistent conception of empowerment as a process of Discovering Self. This dimension of empowerment has not been emphasized within the current literature on empowerment and was certainly not "expected, predicted, or hypothesized." The significance of these results will be related to several main issues including application to multiproblem families, application to the therapeutic relationship, application to the therapeutic process, and implications for research. Limitations and delimitations of the study will also be presented.

Application to Multiproblem Families

The findings are important in many ways, particularly as they relate to the context of multiproblem families. Multiproblem families are often defined as "difficult" families and are often identified as "those whom nobody else was able to, or especially wanted to treat" (Zwerling, 1983, p.10). To many, multiproblem families are not the clients of choice because of the often overwhelming nature of their problems, the difficulty of 'treatment', and the high rate of drop-outs and no-shows, these factors leading to little sense of satisfaction in working with the families, a feeling probably reciprocated by the families.

Thus, the concept of self discovery being the essence of their experience of empowerment is particularly significant when proposed by the participants who were all members of multiproblem families. One might have assumed that resolution of problem situations, reduction of chaotic family functioning, strengthening of the family unit and connecting in family relationships would have been primary evidences of empowerment wrought by the process of empowerment. These certainly were important benefits experienced through family therapy. However, it is noteworthy that the essential element of empowerment for these families emerged as the discovery of self, noteworthy particularly when placed against the context of the multigenerational origin of family problems, the extent of turmoil and disorganization in their lives, and the multiproblem nature of the referral symptoms. That through this multi-layered "covering", the participants were able to discover their inner self, is a powerful tribute to their courage and growth, and verifies the significance of the therapeutic process for them.

The process of 'uncovering' and 'discovering' self resulting in a more authentic expression of self, adds an important element to the concept of empowerment, as it speaks to an internal process, one as basic as realization, recognition, and response to oneself as having value. Often, what is written about multiproblem families focuses on the overwhelming difficulty of their life circumstances and the multigenerational cycles of "perpetual crisis', while often overlooking the unique natures of the individual or family caught within these disempowering and defeating life cycles. Not that knowledge of the dysfunction of life patterns and behaviors is unimportant, as skill in contributing to these families involves a high degree of understanding of family systems and symptoms, and attention to the external conditions impacting on the families. However, not at the expense of overlooking the uniqueness and value of the individuals caught within them. A renewed sense of the humanity covered by the traumas and indignities, will do much to refocus the direction of therapy and foster mutual satisfaction within it.

Again in contrast to the development of the internal dimension of self, much of what has been written about empowerment refers to external components such as developing mastery and skills and control over life circumstances. For example, definitions of empowerment have been offered such as the process of "gaining control over one's life and supporting others' control over their lives" (Hawxhurst & Morrow, 1984, p. 12), developing and increasing "skills in the exercise of interpersonal influence and the performance of valued social roles" (Solomon, 1976, p. 6), and developing "the ability and capacity to cope constructively with the forces that undermine and hinder coping, the achievement of some reasonable control over (one's) destiny" (Pinderhughes, 1983, p. 334). With respect to counselling, McWhirter (1991) stated that a general goal underlying many counselling interventions was to empower the client, defined as "assisting clients in making changes that will lead to greater life satisfaction and adjustment, and to establish an increased sense of control over their lives" (p. 222). Without a doubt these definitions add to our understanding of empowerment and are important elements of it.

Not surprisingly however, there were many indications from the participants in this study who recognized that life events were seldom under their control, situations were not always resolved, and inevitably new challenges would be confronting them throughout their lifetimes. Thus, the element of 'gaining control' was not revealed by the participants in this study as being a major element of empowerment for them. Rather, what assumed primary importance was the element of self-discovery which led to acknowledgement of personal dignity and worth, re-affirmation of the potential for growth and discovery, and which resulted in the freedom of self-expression. Thus, with respect to the present study, it appeared that the discovery and expression of the authentic self was empowering in itself, and pre-empted the quest for control or resolution of external circumstances. A renewed or redefined sense of self likely then contributed to new insights and capacities to grapple with life's challenges.

Application to the Therapeutic Relationship

The results affirm the importance of the characteristics of the therapeutic relationship with regard to empowerment within the therapeutic progress. Participants identified specific elements of the actions, attitudes, and attributes of the therapist which they valued in the therapeutic relationship and which enhanced their journeys towards selfhood and empowerment. The participants' descriptions of disempowering and empowering characteristics and events echoed those of McWhirter (1991). McWhirter posed several criteria for evaluating the empowering-disempowering aspects of the therapist's characteristics, suggesting that some of the criteria might be associated with the counselor's theoretical orientation, while others were more closely related to the counselor's personal and practical style. McWhirter stated:

> the counselling process may be disempowering when the counselor holds a negative or deterministic view of human nature; when there are wide discrepancies between counselor and client power; when the client's subjective experience of reality or cultural values are ignored, contradicted, or down-played; and when the problem is defined by the counselor alone and without acknowledgement of the economic, political, and social context within which the client operates ... Potentially empowering aspects of counselling include: an underlying belief in basic human potential and in clients' abilities to cope with their life problems, a collaborative definition of the problem and therapeutic goals, skills enhancement and development, recognition and analysis of systemic power dynamics, and an emphasis on group and community identity (p. 226).

McWhirter suggested further that an important part of therapy was the "demystifying of the counselor role and the counselling process, and letting the client know of our humanness" (p. 227). Gutierrez (1990) recommended that as the basis of an empowering practice, the interaction between therapist and client should be characterized by genuineness, mutual respect, open communication, and informality.

The participants in this study spontaneously identified these same characteristics, and extended them by emphasizing the importance of therapists "being in touch" with their own humanness, uncovering their professional 'facades', and consequently being authentic in self-expression. Closely associated with this notion was the congruent need for therapists themselves to embark on their own journey of self discovery, by examining their life experiences, world views and biases, as well as ways in which these impacted on their interventions. Swift and Levin (1987) suggested that most professionals are among this society's empowered, even if not in all life domains. Thus, in working with those who are relatively more disempowered, it is all the more important to closely monitor ourselves "so that our efforts to empower others do not, in the end, only serve to empower ourselves" (Swift & Levin, 1987).

Application to The Therapeutic Process

It became evident from the results that although there was a common experience of the evolution and essence of empowerment in family therapy that was shared by the participants, the process of discovering self was a personal process, and one in which each found his or her own way. Thus, perhaps a conceptual framework of an empowering philosophy of therapy rather than a more restrictive methodology of techniques, best describes the approach to implications for empowerment in therapy.

Underlying a philosophy of empowerment are the assumptions that individuals are the best judge of their own interests and courses of action which will serve those interests (Swift & Levin, 1987), that individuals have the innate capacity to be the source of their own change (Dunst & Trivette, 1987), and that the process of self-healing is one expression of the capacity for change (Weick, 1983). An empowering philosophy further implies an existing potential for change and growth, and that many competencies are already present or at least possible (Rappaport, 1981). The principles of an empowering philosophy would then suggest a high degree of respect for the families, a focus on their innate strengths and unique wisdoms, and a belief in the individual's responsibility for change, particularly as related to the capacity for discovering one's own resources. However, typically entrenched within generations of multiproblem families is the belief in the therapist or professional as 'expert'. Imber-Black (1986) stated that we are "embedded in a deficit model", in which families "are implicitly and explicitly encouraged to look outside themselves for appropriate norms"

(p. 26), resulting in an "eroding" effect as the resources of the family and the individual are overlooked. The belief in 'other-as-expert' needs to be identified and processed in therapy with the capacity for personal strengths and potential repeatedly affirmed. The 'strength versus deficit emphasis' in therapy was identified by the participating families as being a new experience for them, and as a crucial or fundamental element in their discovery of the potential for change in their lives. Goldstein (1990) expressed the implications of a strength-oriented approach by the therapist as follows:

> for example, if I as the worker, focus more on your problems and disabilities than on your strengths, my perceptions will narrow as I search for clues and causes to figure out what you and I will need to do to resolve or cure your malaise. However, if I am persuaded by your strengths and fortitude, then my scope will broaden as I attempt to learn from you how you have survived thus far and where you believe we ought to be heading in our work together. Although I am not uninterested in your distress, my inquiry would include and reach beyond the central problem to understand what keeps you going (p. 271).

Goldstein concluded that:

> a strength approach to practice does not impose plans and programs; rather it encourages clients to discover their own abilities, to explore possibilities, and to discover the richness of choice, the cornucopia of opportunity. Importantly, such an approach also frees workers to be at ease with their own humanness, liberating them to share their understanding of the challenge of finding meaning in a baffling world (p. 274).

Thus, an empowerment-based practice is based on the recognition of each family's unique strengths (Solomon, 1985), and recognition of their capacity to discover their own inner resources. In keeping with these principles of respect for the strengths and uniqueness of each family and their potential for growth through self-discovery, a number of implications for empowerment in therapy can be adapted from the knowledge gained from the participating families, from models of intervening with families (Dunst & Trivette, 1987) and from tenets of feminist family therapy (Wheeler et al., 1985). Thus, therapy will most likely be empowering to families if:

1. self-discovery and expression of the authentic self is valued and fostered
2. the family's ideas, experiences, and perceptions are affirmed and validated

3. family members are encouraged to value and express their own feelings, needs, wants, and ideas

4. the individuals' self-worth is promoted by highlighting their important contributions to the family

5. the members' rights are affirmed, as is their importance as individuals separate from their roles as family members

6. strengths unique to the family and supports within the family, are affirmed and neither replaced nor supplanted with professional services

7. dysfunction and normality are redefined in order to to emphasize family strengths

8. support is offered that is congruent with the family's appraisal of its problem or need, and is normative in terms of its own culture

9. the locus of decision making is clearly placed with the family

10. the acquisition of more effective behaviors is facilitated, making the family more capable and competent

11. awareness of the significant role played by the family in improving their lives is promoted.

A final practical application to the therapeutic process which arose from the family members' spontaneous comments, was that the interview process of the study was in itself empowering. The strength of the interviews lay in the further reflection and clarification of the process, the expression and confirmation of the growth and learnings that had occurred, and the discovery that gains were continuing to be made. Recognition of this continued to challenge and encourage further growth and discovery. One member stated: "My first surprise was in the (initial) interview I had with you. It hadn't occurred to me that the good stuff was ongoing, we were still developing." One mother gave the transcripts of the interviews to her son's psychiatrist, and reported that the psychiatrist had declared himself 'fascinated' and stated that his understanding of the son was enhanced by the son's comments and perceptions given in the interview. Another empowering aspect of the interviews was that it permitted the families to "give something back" to those who had contributed to their progress: several participants asked that their transcript be given to their family therapist, as their contribution to the development of the therapist, or as a "gift" to the therapist for having been with them through the therapy process.

Other favorable comments by family members about their involvement in the project included: "It was a really valuable process", and "I'm fascinated by what you're doing and I want you to be able to get all of the gusto and the goodness and the zip and the zap out of it!" Most members wanted copies of their transcripts for personal reflection and recollection of their experiences in family therapy, while several requested a copy of the final draft of the manuscript.

Thus, reflection, discovery, and 'naming' of progress and learnings are essential elements of the consolidation and confirmation of therapeutic growth. These aspects of the therapeutic process which are often assumed as self-evident, are not. Therapists might do well to consciously focus on these elements towards the end of therapy, as validation of progress made, as a challenge to the potential for continued growth and self-discovery, and as part of the empowering process of therapy.

Implications for Research

The major implication of this study was that the grounded theory methodology allowed the identification of conceptual categories which facilitated generation of a theoretical framework of empowerment,"grounded in the data." That is, from analysis of the participants' narratives, the study revealed elements of the nature and process of empowerment, and provided characteristics of empowering interventions within a therapeutic context. These findings provided a basis for an empowering paradigm of family therapy for working with multiproblem families. The empowerment paradigm was offered as feedback to practitioners in the hope of enhancing therapy future multiproblem families would receive.

Several areas of further research might arise from the present study, involving the families, the therapist, the process of therapy, and the Child Welfare workers. In terms of the families the following would be helpful:

1. assessment of which family problems responded best to empowering interventions.

2. enriching the findings by talking with other types of families from different contexts.

In terms of the therapist, suggestions included the following:

1. eliciting philosophies of empowerment from a variety of family therapists.

2. matching and comparing the therapist's notions of empowering interventions with the family's.

With respect to the therapy process, the following suggestions are given:

1. analysis of therapy sessions and therapeutic styles. For example, sessions could be analyzed in terms of the strength, nature, and frequency of empowering statements or interventions.

2. comparison of empowering interventions from a family systems framework with another perspective (e.g. a psycho-educational training framework).

3. further elaboration of areas of self-discovery, i.e. self-awareness, self-worth, self-expression, etc.

4. exploration of additional interventions for promoting the discovering of self.

5. devising measures of family resources and strengths from a multiproblem family perspective. This measure would also include references to individual strengths. Areas for more constructive intervention and successful outcome of therapy might be intimated from use of this measure in therapy.

6. evaluation of the goals of counselling as related to the elements of empowerment discovered in this study.

7. further study of the empowering effects of the interview process itself.

With regard to Child Welfare workers, although not the focus of the present study, the disempowerment in Child Welfare workers must not be overlooked. Lipsky (in Hegar & Hunzeker, 1988) stated that child protection workers viewed themselves as:

> working under great strain and with considerable sacrifice to provide clients protection or service no one else would be willing to provide. They see themselves as fighting on the front line of local conflict with little support and less appreciation by a general public whose dirty work they do (p. 82).

Thus, the nature of empowerment and disempowerment as experienced by Child Welfare workers should be studied, this process in itself likely empowering for them. Clarification of empowering experiences for both workers and families would make for better collaboration and effectiveness in services.

In summary, the present study reveals many avenues for further research and enrichment of our knowledge and understanding of empowerment within the parameters of multiproblems families referred by Child Welfare services for family therapy.

Limitations and Delimitations of the Study

The primary delimitation to the present study will be in reference to the generalizability of results. A unique population (multiproblem Child Welfare families) participated in the study, and a specific context and framework was used (therapeutic framework from a family systems perspective). Thus the results will be applicable within these two dimensions. However, limited generalizability of findings within grounded theory research is accepted as a small price to pay for research that is intimately tied to the phenomena it addresses (Rennie et al., 1988).

As well, it was not intended to prove the efficacy of interventions, the long-term effects of these interventions, nor the effectiveness or outcome of therapy from a family systems framework. Rather, the focus was on which therapeutic interventions were found to be empowering from the family's perspective, and the nature of these empowering interventions within a family therapy context. In addition, as the present study was an exploratory study of the experience of empowerment, no attempt was made to quantify the impact of the interventions nor measure their effects. A further delimitation was that the perspective gained resided entirely with the families, as the therapists were not invited to give their perspective of empowering interventions. The rationale for this was to gain the perspective of the clients themselves, a focus conspicuously absent within the literature of psychotherapy.

Some limitations specific to any grounded theory research are outlined by Lauer and Asher (1988) and Field and Morse (1985). These include:

1. cognitive limitations on naturalistic data such as the tendency of the human mind to select data in such a way that it confirms tentative hypotheses, and the tendency of first impressions to endure even in the face of considerable contrary data.

2. that the findings of the research gain validity at the expense of generalizability.

3. that the depth of the analysis of the findings will depend on the researcher's sensitivity, perceptivity, informed valued judgments, and insight and knowledge.

VII. CONCLUSION

The basis for designing discovery-oriented studies is:

> The intention to learn more; to be surprised; to find out what one does not already expect, predict, or hypothesize; to answer a question whose answer provides something one wants to know but might not have expected, predicted, or hypothesized (Mahrer, 1988, p. 297).

The purpose of the study was to find answers to questions about empowerment for multiproblem families within the context of family therapy. To discover and learn more about the nature and process of empowerment for these families would serve both to enrich our understanding of the concept of empowerment, and add to our knowledge of the family therapy process.

The goal of the study was to achieve this by eliciting a family-based description of experiences in family therapy, and consequently, a family-based description of experiences of empowerment within therapy. This was in contradistinction to the available literature which described both constructs from the perspectives of researchers, practitioners, and theoreticians.

The method of the study was to use the shared experiences, perceptions, and insights of the families to evolve an understanding of the therapeutic process, as well as the process of empowerment as experienced by the families in family therapy.

The results of the study revealed significant elements of the family therapy process as well as the emergence of a potent sense of self as the essence of empowerment within a family systems therapeutic context. The role of family therapy as a resource for the empowerment of multiproblem families was validated.

Thus, although there continues to be a lack of clarity and consensus regarding the nature and process of empowerment within a therapeutic context, present exploration of the construct with multiproblem families enhanced our understanding by revealing an important facet to be the process of discovering self, with the effects being expression of the authentic self. While reminiscent of the work done by Rogers (1951) and Allport (1960), the present findings relay a much greater emphasis on the interpersonal and interactive aspects of the self, resulting in the essential element of the empowering of others, conveyed through family, community, and political action.

In conclusion, empowerment is a multi-faceted construct: further clarification is necessary in order to facilitate meaningful communication and application of this construct among practitioners who consider empowerment to be central to their work. Continued exploration of its many facets will do much to increase our understanding of its role in the therapeutic process, and help us to contribute more effectively to families with problems. Ideally, however, it will be the voices of families that will continue to inform and shape our theories.

References

Amato, P., & Ochiltree, G. (1987). Interviewing children about their families: A note on data quality. Journal of Marriage and the Family, 49, 669-675.

Albee, G. (1980). A competency model must replace the defect model. In L. Bond & J. Rosen (Eds.), Competence and coping during adulthood. NH: University Press of New England.

Archbold, N. (1986). Ethical issues in qualitative research. In W. Chenitz & J. Swanson (Eds.), From practice to grounded theory (pp. 155-164). CA: Addison-Wesley Publishing Company.

Beavers, W. R., & Hampson, R. (1990). Successful families: Assessment and intervention. NY: W.W. Norton and Company.

Becker, C. (1986). Interviewing in human science research. Methods, 1, 101-124.

Bednar, R., Burlingame, G., & Masters, K. (1988). Systems of family teatment: Substance or semantics? Annual Review of Psychology, 39, 401-413.

Biegel, D. (1984). Help seeking and receiving in urban ethnic neighbourhoods: Strategies for empowerment. In J. Rappaport, C. Swift, & R. Hess, R. (Eds.). (1984). Studies in empowerment: Steps toward understanding and action. (pp. 119-143). NY: Haworth Press

Blumer, H. (1969). Symbolic interactionism: Perspective and method. NJ: Prentice-Hall.

Bond, L., & Rosen, J. (1980). (Eds.), Competence and coping during adulthood. NH: University Press of New England.

Breton, M. (1989). Liberation theology, group work, and the right of the poor and oppressed to participate in the life of the community. Social Work With Groups, 12, 5-19.

Carter, B. (1986). Success in family therapy. Family Therapy Networker, 10, 16-24.

Carter, B., & McGoldrick, M. (Eds.), (1988). The changing family life cycle: A framework for family therapy. (second ed.). NY: Gardner Press.

Chavis, D. & Wandersman, A. (1990). Sense of community in the urban environment: A catalyst for participation and community development. American Journal of Community Psychology, 18, 55-83.

Chenitz, W., & Swanson, J. (1986). Qualitative research using grounded theory. In W. Chenitz & J. Swanson (Eds.). From practice to grounded theory (pp. 3-15). CA: Addison-Wesley Publishing Company.

Colaizzi, P. (1978). Psychological research as the phenomenologist views it. In R. Valle & M. King (Eds.). Existential phenomenological alternatives for psychology. NY: Oxford University Press.

Comas-Diaz, L. (1987). Feminist therapy with mainland Puerto Rican women. Psychology of Women Quarterly, 11, 461-474.

Corbin, J. (1986). Qualitative data analysis for grounded theory. In W. Chenitz & J. Swanson (Eds.). From practice to grounded theory (pp.91-102). CA: Addison-Wesley Publishing Company.

Dunst, C., & Trivette. (1987). Enabling and empowering families: Conceptual and intervention issues. School Psychology Review, 16, 443-456.

Epstein, N. (1988). Dilemmas and choices in the design of family therapy research. In L. Wynne (Ed.). The state of the art in family therapy research: controversies and recommendations. NY: Family Process Press.

Field, P., & Morse, J. (1985). Nursing research: The application of qualitative approaches. London: Croom Helm.

Florin, P., & Wandersman, A. (1990). An introduction to citizen participation, voluntary organizations, and community development: Insights for empowerment through research. American Journal of Community Psychology, 18, 41-53.

Freidan, B. (1981). The second stage. New York: Summit Books.

Fulmer, R. (1988). Lower-income and professional families: A comparison of structure and life cycle process. In B. Carter & M. McGoldrick (Eds.), The changing family life cycle: A framework for family therapy. (second ed.). (pp. 545-585). NY: Gardner Press.

Geertz, C. (1983). Thick description: Toward an interpretive theory of culture. In. R. Emerson (Ed.), Contemporary field research. Boston: Little, Brown.

Giorgi, A. (1975). An application of phenomenological method in psychology. In A. Giorgi, C. Fischer & E. Murray (Eds.), Duquesne studies in phenomenological psychology, (Vol. II). Pittsburgh: Duquesne University Press.

Glaser, B. (1978). Theoretical sensitivity: Advances in the methodology of grounded theory. CA: The Sociology Press.

Glaser, B., & Strauss, A. (1967). The discovery of grounded theory: Strategies for qualtiative research. Chicago: Aldine Publishing Company.

Goldenberg, I., & Goldenberg, H. (1986). Family therapy: An overview. CA: Brooks/Cole Publishing Company.

Goldstein, H. (1990). Strength or pathology: Ethical or rhetorical contrasts in approaches to practice. Families in Society, 17, 267-275.

Gruber, J., & Trickett, E. (1987). Can we empower others? The paradox of empowerment in the governing of an alternative public school. American Journal of Community Psychology, 15, 353-371.

Gurman, A., Kniskern, D., & Pinsof, W. (1986). Research on the process and outcome of marital and family therapy. In S. Garfield & A. Bergin (Eds.), Handbook of psychotherapy and behavior change (3rd ed.). NY: John Wiley and Sons.

Gutierrez, L. (1990). Working with women of color: An empowerment perspective. Social Work, 35, 149-155.

Hartmann, S. (1983). A self-help group for women in abusive relationships. Social Work With Groups, 6, 133-145.

Hegar, R., & Hunzeker, J. (1988). Moving toward empowerment-based practice in public child welfare. Social Work, 5, 499-502.

Hulnick, M., & Hulnick, R. (1989). Life's challenges: Curse or opportunity? Journal of Counseling and Development, 68, 166-170.

Hutchinson, S. (1986). Grounded theory: The method. In P. Munhall & C. Oller (Eds.), Nursing research: A qualitative perspective (pp. 111-130). Connecticut: Appleton-Century-Crofts.

Imber-Black, E. (1986). Toward a resource model in systemic family therapy. In M. Karpel (Ed.). Family resources: The hidden partner in family therapy (pp. 148-174). NY: Guilford Press.

Joanning, H., Newfield, N., & Quinn, W. (1987). Multiple perspectives for research using family therapy to treat adolescent drug abuse. Journal of Strategic and Systemic Therapies, 6, 18-27.

Kagan, R., & Schlosberg, S. (1989). Families in perpetual crisis. NY: W.W Norton and Company.

Kaplan, L. (1986). Working with multiproblem families. MA: D. C. Heath & Company.

Kaye, G. (1990). A community organizer's perspective. American Journal of Community Psychology, 18, 151-158.

Keeney, B., & Morris, J. (1985). Family therapy practice and research: A dialogue. In L. Andreozzi & R. Levant (Eds.), Integrating research and clinical practice (pp. 99-107). Aspen Publication: MD.

Kieffer, C. (1984). Citizen empowerment: A developmental perspective. In J. Rappaport, C. Swift, & R. Hess, R. (Eds.). (1984). Studies in empowerment: Steps toward understanding and action. (pp.9-36). NY: Haworth Press.

Kreidler, M., & England, D. (1990). Empowerment through group support: Adult women who are survivors of incest. Journal of Family Violence, 5, 35-41.

Kuehl, B., Newfield, N., & Joanning, H. (1990). A client-based description of family therapy. Journal of Family Psychology, 3, 310-321.

LaRossa, R., & Wolff, J. (1985). On quantitative family research. Journal of Marriage and the Family, 47, 531-541.

LeCompte, M., & Goetz, J. (1982). Problems of reliability and validity in ethnographic research. Review of Educational Research, 52, 31-60.

Lincoln, Y., & Guba E. (1985). Naturalistic inquiry. NY: Sage.

Lord, J., & Farlow, D. (1990). A study of personal empowerment: Implications for health promotion. Health Promotion, 2, 2-8.

Mahrer, A. (1988). Discovery-oriented research: Rationale, aims and method. American Psychologist, 43, 694-702.

Maton, K., & Rappaport, J. (1984). Empowerment in a religious setting: A multivariate investigation. Prevention in Human Services, 3, 37-72.

Maxwell, E., & Maxwell, R. (1980). Search and research in ethnology : Continuous comparative method. Behavior Science Research , 15, 219-243.

McWhirter, E. (1991). Empowerment in counselling. Journal of Counseling and Development, 69, 222-227.

Moon, S., Dillon, D., & Sprenkle, D. (1990). Family therapy and qualitative research. Journal of Marital and Family Therapy, 16, 357-373.

Morris, P. (1981). The cognitive psychology of self-reports. In C. Anataki (Ed.). The psychology of ordinary explanations of social behavior. London: Academic Press.

Morrow, S., & Hawxhurst, D. (1989). Lesbian partner abuse. Journal of Counseling and Development, 68, 58-62.

Morse, J. (1986). Quantitative and qualitative research: Issues in sampling. In P. Chinn (Ed.), Nursing research methodology: Issues and implementation (pp. 181-191). MD: Aspen Press.

Mulvey, A. (1988). Community psychology and feminism: Tensions and communalities. Journal of Community Psychology, 16, 70-83.Papp, P. (1988). In Foreword in Imber-Black, E., Roberts, J., and Whiting, R. (Eds. Rituals in families and family therapy. NY: W.W. Norton and Company.

Neimeyer, G., & Resnikoff, A. (1982). Qualitative strategies in counseling research. The Counseling Psychologist, 10, 75-84.

Nichols, M. (1987). The self in the system: Expanding the limits of family therapy. NY: Brenner/Mazel, Inc.

Papp, P. (1988). In Foreword in Imber-Black, E., Roberts, J., and Whiting, R. (Eds. Rituals in families and family therapy. NY: W.W. Norton and Company.

Parsons, R. (1988). Empowerment for role alternatives for low income minority girls: A group work approach. Social Work with Groups, 4, 27-45.

Pennington, S. (1983). Living or dying: An investigation of the balance point. Dissertation Abstracts International. 44, 441A.

Perkins, D., Florin, P., Rich, C., Wandersman, A., & Chavis, D. (1990). Participation and the social and physical environment of residential blocks: Crime and community context. American Journal of Community Psychology, 18, 83-116.

Phillips, J. (1984). Influences on personal growth as viewed by former psychotherapy patients. Dissertation Abstracts International, 46, 2820B.

Piercy, F., & Sprenkle, D. (1986). Structural, strategic, and systemic family therapies. In F. Piercy & D. Sprenkle & Associates, Family therapy sourcebook (pp. 24-52). NY: Guilford Press.

Pinderhughes, E. (1983). Empowerment for our clients and for ourselves. Social Casework, 64, 331-338.

Pinsof, W. (1989). A conceptual framework and methodological criteria for family therapy process research. Journal of Consulting and Clinical Psychology, 57, 53-59.`

Polkinghorne, D. (1991). Two conflicting calls for methodological reform. The Counselling Psychologist, 19, 103-114.

Prestby, J., Wandersman, A., Florin, P., Rich, R., & Chavis, D. (1990). Benefits, costs, incentive management and participation in voluntary organizations: A means to understanding and promoting empowerment. American Journal of Community Psychology, 18, 117-150.

Quartaro, G. (1985, May). Using psychology self-help books: A grounded theory perspective. In D. Rennie (Chair), The phenomenological experience of psychological treatment. Symposium conducted at the annual meeting of the International Human Sciences Research Conference, Edmonton, Alberta.

Quartaro, G. (1986, May). The grounded theory method: A review of the method's impact on research and some reflections on the role of the researcher. Presented at the Fifth International Human Sciences Research Conference, University of California, Berkeley.

Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. American Journal of Community Psychology, 9, 1-25.

Rappaport, J. (1984). Studies in empowerment: Introduction to the issue. Prevention in Human Services, 3, 1-7.

Rappaport, J. (1985). The power of empowerment language. Social Policy, 16, 15-21.

Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. American Journal of Community Psychology, 15, 121-148.

Rennie, D., & Brewer, L. (1987). A grounded theory of thesis blocking. Teaching of Psychology, 14, 10-16.

Rennie, D., Phillip, J., & Quartaro, G. (1988). Grounded theory: A promising approach to conceptualization in psychology. Canadian Psychology, 29, 139-148.

Riger, S. (1984). Vehicles for empowerment: The case of feminist movement organizations. In In J. Rappaport, C. Swift, & R. Hess, R. (Eds.). (1984).

Studies in empowerment: Steps toward understanding and action. (pp. 99-117). NY: Haworth Press.

Rock, P. (1979). The making of symbolic interactionism. London: MacMillan

Satir, V. (1975). Helping families to change. NY: Aronson.

Sluzki, C. (1983). Process, structure and world views: Toward an integrated view of systemic models in family therapy. Family Process, 22, 469-476.

Solomon. B. (1976). Black empowerment. New York: Columbia University Press.

Stanley, L., & Wise, S. (1983). Breaking out: Feminist consciousness and feminist research. MA: Routledge and Kegan Paul, Limited.

Stanton, M. (1988). The lobster quadrille: Issues and dilemmas for family therapy research. In L. Wynne (Ed.). The state of the art in family therapy research: Controversies and recommendations. NY: Family Process Press.

Steier, F. (1985). Toward a cybernetic methodology of family therapy research: Fitting research methods to family practice. In L. Andreozzi (Ed.), Integrating research and clinical practice (pp. 27-36). MD: Aspen.

Stern, P. (1980). Grounded theory methodology: Its uses and processes. Image, 12, 20-23.

Swanson, J. (1986). The formal qualitative interview for grounded theory. In In W. Chenitz & J. Swanson (Eds.). From practice to grounded theory (pp.66-79). CA: Addison-Wesley Publishing Company.

Swift, C., & Levin, G. (1987). Empowerment: An emerging mental health technology. Journal of Primary Prevention, 8, 71-94.

Tomm, K., & Lannamann, J. (1988). Questions as Interventions. The Family Therapy Networker, 12, 38-42.

Treadway, D. (1986). In the eye of the beholder. Family Therapy Networker, 10, 24-30

Trivette, C., Deal, A., & Dunst, C. (1986). Family needs, sources of support, and professional roles: Critical elements of family systems assessment and intervention. Diagnostique, 11, 246-276.

Turner, B. (1981). Some practical aspects of qualitative data analysis. One way of organizing the cognitive processes associated with the generation of grounded theory. Quality and Quantity, 15, 225-247.

Weitzman, J. (1985). Eengaging the severely dysfunctional family in treatment: Basic considerations. Family Process, 24, 473-485.

Walters, M., Carter, B., Papp, P., & Silverstein, O. (1988). The invisible web: Gender patterns in family relationships. NY: Guilford Press.

Wiseman, J. (1981). The family and its researchers in the eighties: Retrenching, renewing and revitalizing. Journal of Marriage and the Family, 43, 263-266.

Zimmerman, A. (1990). Taking aim on empowerment research: On the distinction between individual and psychological conceptions. American Journal of Community Psychology, 18, 169-177

Zimmerman, A., & Rappaport, J. (1988). Citizen participation, perceived control, and psychological empowerment. American Journal of Community Psychology, 16, 725-750.

Ziter, M. (1987). Culturally sensitive treatment of black alcoholic families. Social Work, 4, 130-135.

Zwerling, I. (1983). Low income families. [Letter to the Editor], The Family Therapy Networker, 7, 10.

Appendix

CONSENT FOR RELEASING CONFIDENTIAL INFORMATION I

We ____

hereby authorize ___________________________, therapist of Lousage Family Institute, to disclose information concerning our name and phone number to Jackie Heemsbergen which by law might otherwise be considered to be confidential and priviledged.

We recognize that Jackie Heemsbergen is a graduate student at the University of Alberta,

and that the information will be used for research purposes only.

This form or photocopy thereof are equally valid.

SIGNED:____

WITNESS:_______________________________________

DATE:____

INFORMATION FOR FAMILIES

We are presently conducting a study of families who have attended counselling at Lousage Family Institute. The purpose of the study is to increase our understanding of what families experience in family therapy. Families will be asked what they personally, and as a family, experienced in their family therapy sessions.

Participation in the study is entirely voluntary. We expect that involvement in the study will be interesting for the families, and while the results of the study may not directly benefit them, we hope that the information they give will help us to provide better therapy for other families.

Participation in the study will involve at least two interviews over several months. The interviews will last approximately one hour, and will take place at Lousage Family Institute.

The interviews are separate from your therapy sessions, and will involve a discussion of your experiences in family therapy. The information you give will remain completely confidential and anonymous: the information will not be discussed with your therapist or your social worker without your written consent. Also, your name and any identifying data will not be used in the study or appear in the results.

The interviews will be tape-recorded and then typed into written form. Families will be given a copy of their typed interview so they can add other information to it if they want to. They might also be asked to "check" the results of the study to see if the results fit with their own experiences.

This study is being conducted by Jackie Heemsbergen, a graduate student at the University of Alberta. She can be contacted at Lousage Family Institute at 488-7679.

Thank you for your time and attention to this study!

UNIVERSITY OF ALBERTA
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
INFORMED CONSENT FORM

Project Title: The Experience of Family Therapy
Investigator: Jackie Heemsbergen Phone: 488-7679

The purpose of this research project is to add to our understanding of families' experiences of family therapy.

Interviews will last approximately one hour and there will be at least two interviews with each family. During these interviews you will be asked about your family's experience in family therapy sessions. The interviews will be tape-recorded.

There may be no direct benefits to the families in this study, but it is hoped that the information you share will be helpful for other families who will be involved in family therapy.

THIS IS TO CERTIFY THAT WE:

____

HEREBY AGREE TO PARTICIPATE AS VOLUNTEERS IN THE ABOVE-NAMED RESEARCH STUDY.

We hereby give permission to be interviewed and for the interviews to be tape-recorded and subsequently transcribed into written form.

We understand that our information will remain anonymous and will not be shared with our therapist or Social Worker without our written consent. However, we may contact our therapist if we so desire.

We understand that at the completion of the research the tapes will be erased. We understand that the information may be published, but our name will not be associated with the research.

We understand that we are free to withdraw our consent and terminate our participation at any time, without penalty.

We have been given the opportunity to ask whatever questions we desire, and all questions have been answered to our satisfaction.

Participants____

Researcher____

Date__________________________

CONSENT FOR RELEASING CONFIDENTIAL INFORMATION II

We ____

hereby authorize Jackie Heemsbergen, researcher at Lousage Family Institute, to access and obtain demographic information from either our family therapist or our file at Lousage Family Institute, this information which by law might otherwise be considered to be confidential and priviledged. We understand that this information will be used for general descriptive purposes only, and will not be presented in any form that will identify our family or any member of it.

We understand that we are free to withdraw this consent at any time, without penalty.

We recognize that Jackie Heemsbergen is a graduate student at the University of Alberta, and that the information will be used for research purposes only.

This form or photocopy thereof are equally valid.

SIGNED:____

WITNESS:____

DATE:____